

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N35834

1. Corporation Name  
Palm Haven House, Inc

2. Principal Office Address  
115 EAST COAST AVE  
Suite, Apt. #, etc.

3. Mailing Office Address  
115 EAST COAST AVE  
Suite, Apt. #, etc.

City & State  
HYPOLEXO FL  
Zip Country  
33462 USA

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HYPOLEXO FL  
Zip Country  
33462 USA

4. Date Incorporated or Qualified To Do Business in Florida 12-27-89  
5. FEI Number 65-0169479 Applied For Not Applicable  
6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 02-03

FILED  
SECRETARY OF CORPORATION  
03 AUG 21 PM 12:21

7. Name and Address of Current Registered Agent

Name  
Leon Shaw  
Street Address (P.O. Box Number is Not Acceptable)  
251 Oakview Drive  
Suite, Apt. #, Etc.  
City  
Delray Beach

500022475545  
08/21/03--01012--003 \*\*06.25

State Zip Code  
FL 33445

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  
*Leon Shaw*

Date 8-13-03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	HARRIET Bloom	5100 Pineview Circle	Delray Beach, FL 33445
Dir	Rhoda Hertzberg	5010 Pineview Circle	Delray Beach, FL 33445
Treas	Leon Shaw	251 Oakview Drive	Delray Beach, FL 33445
Dir	ROBERT GOODMAN	7554 Charing Cross Lane	Delray Beach, FL 33446
Sec	BARBARA BRING	615 Greensward Lane	Delray Beach, FL 33446
Dir	Irene Hochberg	4896 Pineview Circle	Delray Beach 33446

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Leon Shaw* LEON SHAW  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/03 561-498-8132  
Date Daytime Phone #

CR2E081 (10/02)