PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 DEC 14 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000004073

1. Corporation Name

CHRISTMAS IN APRIL OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
470 COLUMBIA DR BLDG F WEST PALM BEACH FL 33409	470 COLUMBIA DR BLDG F WEST PALM BEACH FL 33409

REINSTATEMENT 98 av

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/23/1995

5. FEI Number: 65-0691732 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
D	FREEMAN, ROBERTA H	470 COLUMBIA DR BLDG F	WEST PALM BEACH FL 33409
D	AIKEN ANN	470 COLUMBIA DR BLDG F	WEST PALM BEACH FL
D	DORSEY, HEATHER	470 COLUMBIA DR BLDG F	WEST PALM BEACH FL
			T00002719527--3 -12/22/98--01083--004
			****236.25 ****236.25

8. Name and Address of Current Registered Agent

TUCKER, ESQ., STACEY L
250 AUSTRALIAN AVE. SOUTH
1200
WEST PALM BEACH FL 33402

9. Name and Address of New Registered Agent

Name: John R. Sheppard, Jr.
Street Address (P.O. Box Number is Not Acceptable): 500 Australian Ave. South
Suite, Apt. #, Etc.: 10th Floor
City: West Palm Beach | State: FL | Zip Code: 33401

CR2E040 (9/98)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN Date: 12-9-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: Roberta H. Freeman SIGNATURE REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 11-17-98 Date 561-630-0600 Daytime Phone #