

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -8 PM 2:55

DOCUMENT # **197000001315**

1. Corporation Name

IL Circolo Foundation of the Palm Beaches, Inc.

Principal Place of Business

Mailing Address

**3300 PGA BLVD SUITE 500 (SAME)
PALM BEACH GARDENS, FL. 33410.**

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

REINSTATEMENT 99-00

2. New Principal Office Address, If Applicable

5895 Whirlaway Rd
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5895 Whirlaway Rd
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

03/03/1997

5. FEI Number

65-0803351

Applied For

Not Applicable

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

Zip

33418

Country

USA

Zip

33418

Country

USA

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P, D	PAUL SAFRAN JR	5895 Whirlaway Rd	Palm Beach Gardens, FL 33418
VP, D	S. VINCENT FORTE	2450 BOUND BROOK BLVD #106	WEST PALM BEACH, FL 33406
AUPD	A. RICHARD MARZELLI	3605 S. OCEAN BLVD APT 307B	Palm Beach, FL 33410
S, D	VINCENT GUGLIEMINI	710 S.W. 18th COURT	BOYNTON BEACH, FL 33426
T, D	LILLIAN RIPORELLI	5080 N. OCEAN DR APT 504	COVINGTON, LA 70008-2657 33404 400003265734 -05/24/00--01061--035 ****297.50 ****297.50

8. Name and Address of Current Registered Agent

PAUL SAFRAN JR.
3300 PGA BLVD
SUITE 500
PALM BEACH GARDENS, FL 33410

9. Name and Address of New Registered Agent

Name **PAUL SAFRAN JR.**
Street Address (P.O. Box Number is Not Acceptable) **5895 Whirlaway Road**
Suite, Apt. #, Etc.
City **Palm Beach Gardens, FL** State **FL** Zip Code **33418**

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

Paul Jr

REGISTERED AGENT MUST SIGN

Date

4/19/00

11. This corporation owes 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:

Paul Jr

PAUL SAFRAN

4/19/00

581-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (12/98)