

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 20 AM 8:00

REINSTATEMENT 04



11162004 REIN-NP

CR2E099 (6/04)

MRS

4. FEI Number
65-0932934

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

IMPERATO, DANIEL J MR
301 CLAMATIS
3000
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name: Imperato DANIEL J MR
Street Address (P.O. Box Number is Not Acceptable):
529 S. Flagler Dr
City: W.P.B. FL Zip Code: 33401

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Dec. 16, 04

FILE NOW!!! FEE IS \$61.25
After January 1, 2005, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC IMPERATO, DANIEL 301 CLAMATIS WEST PALM BEACH, FL 33401	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IMPERATO, PAULA P 301 CLAMATIS WEST PALM BEACH, FL 33401	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, DEBORA 301 CLAMATIS WEST PALM BEACH, FL 33401	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Imperato DANIEL 529 S. Flagler Dr. 29R W.P.B. FLA. 33401	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Imperato Jan Deborah 529 S. Flagler Dr. 29R W.P.B. FLA.	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kyle Hansen 529 S. Flagler Dr. 29R W.P.B. FLA. 33401	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200043533382 12/20/04--01062--003 **\$61.25	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec. 16, 04

Date

Daytime Phone #