

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR -1 PM 1:26

DOCUMENT # 128922

1. Corporation Name

Palm Beach Woodwork Co Inc.

2. Principal Office Address - No P.O. Box #

1101 53rd Court South

Suite, Apt. #, etc.

Suite B

City & State

West Palm Beach, FL

Zip

33407

Country

USA

3. Mailing Office Address

1101 53rd Court South

Suite, Apt. #, etc.

Suite B

City & State

West Palm Beach, FL

Zip

33407

Country

USA

300171232063
03/04/10--01006--004 **1650.00

REINSTATEMENT 00-10

4. Date Incorporated or Qualified
To Do Business in Florida

04/21/1934

5. FEI Number

80-0552778

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Thomas D. Haylett

Street Address (P.O. Box Number is Not Acceptable)

1101 53rd Court South

Suite, Apt. #, Etc.

Suite B

City

West Palm Beach

State

FL

Zip Code

33407

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 02/25/2010

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
D,P	Bradley T. Haylett	1101 53rd Court South, Suite B	West Palm Beach, FL 33407
D,VP	Thomas D. Haylett	1101 53rd Court South, Suite B	West Palm Beach, FL 33407
D,T,S	Bartley R. Haylett	1101 53rd Court South, Suite B	West Palm Beach, FL 33407

10. E-mail Address: abrion@form-a-corp.com

(To be used for future annual report notification)

11. 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. I further certify 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:

Thomas D. Haylett

02/25/10

561-281-4157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #