

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 21 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 182095

1. Corporation Name

PALM BEACH BUILDING DISPLAY CENTER INC

Principal Place of Business

129 S. GOLFVIEW DRIVE
LAKE WORTH FL 33460

Mailing Address

~~129 S. GOLFVIEW DRIVE~~ P.O. Box 5869
~~LAKE WORTH FL 33460~~ Lake Worth, FL
33466-5869



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/1954

5. FEI Number

50-0727422

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 1999

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	City / State / Zip 4
PD	DOTTOR, VICTOR F. Pohl, Carole M.	129 S. GOLFVIEW DRIVE - Rd 1 1413 SW First Avenue	LAKE WORTH FL - Deerfield Beach, FL 33441
TD	DOTTOR, VICTOR R.	6420 N LAKE CLARK DR P.O. Box 6793	WEST PALM BEACH FL West Palm Beach, FL 33405
SD	DOTTOR, DOUGLAS	6530 N LAKE CLARK DR 5112 Ashley Lake Dr. #631	WEST PALM BEACH FL Boynton Beach, FL 33414
J	POHL, CAROL	129 S. GOLFVIEW DRIVE	LAKE WORTH FL -
			600003038976--5 -11/03/99--01011--022 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

DOTTOR, VICTOR
129 SOUTH GOLFVIEW APT #9
LAKE WORTH FL 33460

9. Name and Address of New Registered Agent

Name
Frank T. Pilotte, Esq.
Street Address (P.O. Box Number is Not Acceptable)
340 Royal Palm Way, Suite 100
Suite, Apt. #, Etc.
Suite 100
City
Palm Beach
State
FL
Zip Code
33480

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]
REGISTERED AGENT MUST SIGN

Date

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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 15, 1999
Date

Daytime Phone #

CR25040 (8/99)