

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 DEC 15 PM 2:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 707021

1. Corporation Name

PALM BEACH REPUBLICAN CLUB INC

Principal Place of Business

18910 SWEET PEPPER CT  
JUPITER FL 33458  
US

Mailing Address

PO BOX 2622  
PALM BEACH FL 33480  
US

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



REINSTATEMENT

99

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

03/23/1964

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. EEI Number

59-0907440

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

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	4 City / State / Zip
<del>TD</del>	<del>STARLING, III, BEN</del>	<del>4022 S CONGRESS AVENUE</del>	<del>LAKE WORTH FL</del>
<del>PO VP</del>	DEMPSEY, GEORGE	50 COCONUT ROW	PALM BEACH FL
SD	HIGGINS, SALLY R	2600 N FLAGLER DR	WEST PALM BEACH FL 33407
TD	Christopher U. Burton	7110 Elkhorn Dr.	West Palm Beach
President	Ben Starling, III P.O. Box 2857 Palm Beach, FL 33480-2857 561-659-5290	209 Mockingbird Trail	FL 33411

8. Name and Address of Current Registered Agent

STARLING, III B  
209 MOCKINGBIRD TRL  
P.O. BOX 2857  
PALM BEACH FL 33480

9. Name and Address of New Registered Agent

Name

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

900003107489--2

Suite, Apt. #, Etc.

01724700--01011--014

City

\*\*\*\*245.00 \*\*\*\*245.00

State Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

10/25/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ben Starling III

10/25/99 561-681-7937

Date

Daytime Phone #

KE