

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -1 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400174167814
04/01/10--01039--007 **183.75

CR2E081 (11/09)

DOCUMENT # 707021

1. Corporation Name

PALM BEACH REPUBLICIAN CLUB

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

3001 LAKE DRIVE

Suite, Apt #, etc.

3. Mailing Office Address

P.O. BOX 2622

Suite, Apt #, etc.

City & State

RIVIERA BEACH, FL.

City & State

PALM BEACH, FLA.

Zip

33404

Country

USA

Zip

33480

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida **MARCH 23, 1964**

5. FEI Number

59 0907440

☐ 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

MARIE DAVIS

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

3001 LAKE DRIVE

Suite, Apt #, Etc.

City

RIVIERA BEACH

State

FL

Zip Code

33404

☒ 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

Marie Davis

Date **March 30, 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
P	MARIE DAVIS	3001 LAKE DR.	RIVIERA BEACH, FL 33404
VP/D	DOROTHY ENGELS GULDEN	220 SUNRISE AVE.	PALM BEACH, FL. 33480
VP/D	WILLIAM MIKUS	220 OCEAN TERRACE	PALM BEACH, FL. 33480
T/D	THOMAS A. PENCE, JR.	7535 S.E. FOREST OAK LANE	HOBE SOUND, FL. 33455
	SEE ATTACHED		

REINSTATEMENT

RH

10. E-mail Address: Anita Carbone [anitahcarbone@gmail.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:

Marie Davis

Marie Davis, Pres.

Mar. 30, 2010 (561)309-4374

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #