PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED
97 NOV 17 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **711239**

1. Corporation Name

ORCHID SOCIETY OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 18432 W PALM BEACH FL 33416-5432	P.O. BOX 18432 W PALM BEACH FL 33416-5432

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

REINSTATEMENT 9697

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/22/1966

5. FEI Number: 59-6139129 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	~~DE BOOTH, ANN~~ PETER DEGRACA	~~1187 EDGEHILL ROAD~~ N-L Street	~~W. PALM BEACH FL 33417~~ Lake Worth 33460
S	CIOCI, SUSAN	4557 MYLA LANE	WEST PALM BEACH FL
TD	~~AYMOND, ROBERT~~ TONI DICOSTANZO	~~6207 BARBARA STREET~~ 1614-16th Court	~~PALM BEACH GARDENS FL 33418~~ JUPITER, FL 33477
D	PETERSON, KENNETH	5449 TORONTO RD	W PALM BEACH FL 33415
T	POLOVINA, TIM	931 VILLAGE BLVD	W. PALM BCH FL
VP	IDE, BRUCE	1175 12TH FAIRWAY 11/1/96	WELLINGTON FL

8. Name and Address of Current Registered Agent

FOUNTAIN, HARVEY
5657 52ND DR., SOUTH
LAKE WORTH FL 33463

9. Name and Address of New Registered Agent

Name: 400002351024--7
97NOV17--01089--006
****297.50 ****297.50
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (7/96)

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: Harvey I Fountain — REGISTERED AGENT MUST SIGN — Date: 10-20-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. 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: Toni DiCostanzo — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 10-20-97 Date — Daytime Phone #