

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

09 MAY 27 PM 2:08.

DOCUMENT # 711239

1. Corporation Name

ORCHID SOCIETY OF THE
PALM BEACHES, INC.

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

15062 NORTH RD

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 211463

Suite, Apt. #, etc.

City & State

LOXAHATCHEE FL

City & State

ROYAL PALM BCH FL

Zip

33470

Country

USA
PALM BEACH

Zip

33421

Country

USA

7. Name and Address of Current Registered Agent

Name

PATRICIA M. LINDSEY

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

15062 NORTH RD

Suite, Apt. #, Etc.

City

LOXAHATCHEE

State

FL

Zip Code

33470

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

Patricia M. Lindsey

REGISTERED AGENT MUST SIGN

Date 5/18/09

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	PATRICIA M. LINDSEY	15062 NORTH RD	LOXAHATCHEE FL 33470
V	KITTY PHILIPS	13209 77TH PL N	W. PALM BCH FL 33412
S	KATIE MC GIVERN	2121 COLLIER AVE	LAKE WORTH FL 33461
T	BRENDA SKAGGS	14796 NORTH RD	LOXAHATCHEE FL 33470
D	DIANE PATRICK	818 15TH ST	W. PALM BCH FL 33401
D	MAR CORIE PUTT	616 CYPRESS KEY DR	ATLANTIS FL 33462

10. 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 contained in Chapter 119, 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:

Patricia M. Lindsey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/09 561-793-5057

Date

Daytime Phone #

200156511752
05/28/09--01017--024 **910.00

REINSTATEMENT 98-09KS

4. Date Incorporated or Qualified To Do Business in Florida

7-22-66

5. FEI Number

59-6139129

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☐ 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.