

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 30 AM 8:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 724312

1. Corporation Name

BUSINESS INC. OF THE PALM BEACHES

Principal Place of Business

625 ATLANTIC RD
NO PALM BEACH FL 33406

Mailing Address

625 ATLANTIC RD
WEST PALM BEACH FL 33406
NO



00

REINSTATEMENT

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/11/1972

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

23-7347370

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CRAWFORD, TERRY	4528 SQUARE LAKE DR	WEST PALM BEACH FL 33418
D	PARIZO, BARRY	11758 LAKESHORE PL	NO PALM BEACH, FL 33408
D	MOORE, TIM	10250 RIVERSIDE	PALM BEACH GARDENS FL 33420
		11758 LAKESHORE PL	
D	BONITZAR, ROBERT	11788 US #1	WEST PALM BEACH FL 33
D	GASKILL, TANA	2618 BORVEAUX CT	WEST PALM BEACH FL 33410
M	VANGURE, V.J. VANACORE, V.J.	625 ATLANTIC RD	NORTH PALM BEACH FL 33408
D	FRANKLIN, WALTER	EAGLENEST DRIVE	JUPITER FL 33458
D	PROBST, ROBERT	7615 SE FIDALEWOOD LA	HOBE SOUND, FL 33455

8. Name and Address of Current Registered Agent

VANACORE, V.J.
625 ATLANTIC RD
NORTH PALM BEACH FL 33408

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

400003468944--4

City

11/17/00 State 01873-018

****236.FL ****236.25

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 10-25-00

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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-00

Date

561-848-6722

Daytime Phone #

CR2EM40 (8/00)