

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

Mailing Address

625 ATLANTIC RD
 NO PALM BEACH FL 33406

625 ATLANTIC RD
 WEST PALM BEACH FL 33406
 NO



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/11/1972	
City & State		City & State		5. FEI Number	
Zip		Country		23-7347370	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
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 PROBST, ROBERT	EAGLENEST DRIVE 7615 SE FIDDLEWOOD LA	JUPITER FL 33458 HOBE SOUND, FL 33455

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
VANACORE, V.J. 625 ATLANTIC RD NORTH PALM BEACH FL 33408		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc. 400003468944--4	
		City 11/17/00 State 01073-018 ****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.

SIGNATURE: [Signature] **KE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: VANACORE Date: 10-25-00 Daytime Phone #: 561-848-6722

CR2EM40 (8/00)