

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

98-99 MAR

DOCUMENT # 728877

1. Corporation Name

PALM BEACH WHITE HOUSE ASSOCIATION NO. 4, INC.

Principal Place of Business

Mailing Address

1909 79TH ST. CAUSEWAY
MIAMI BEACH FL 33141

1909 79TH ST. CAUSEWAY
MIAMI BEACH FL 33141

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2560 S. Ocean Drive

Same

City & State

City & State

Palm Beach FL

City & State

Zip

Country

Zip

Country

33480

USA

REINSTATEMENT

98-99

4. Date Incorporated or Qualified
To Do Business in Florida

02/21/1974

5. FEI Number

59-1160731

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VPD	GOLDMAN, MORTON	1909 79TH ST. CAUSEWAY	MIAMI BEACH FL 33141
STD	GOLDMAN, GLADYS	1909 79TH ST. CAUSEWAY X 1110 Stillwater Drive	MIAMI BEACH FL 33141
PD	STEINHARDT, MILTON F.	1909 79TH ST. CAUSEWAY	MIAMI BEACH FL 33141
PD	Joan S. Dunphy	c/o New Horizon Press 34 Church Street	Liberty Corner, NJ 07938
D	Nancy Steinhardt	601 S. Federal Highway	Hollywood, FL 33020

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEINHARDT, MILTON F.
1909 7TH ST. CAUSEWAY
MIAMI BEACH FL 33141

Name

Charles J. Goldman

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

601 S. Federal Highway

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

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

REGISTERED AGENT MUST SIGN

000002931320--2

Date 07/14/99 01082 001

****297.50 ****297.50

(See other side for information
on intangible tax.)

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/3/99 305-354-8761

CR2E040 (9/98)