

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 MAR -2 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 732651

**1. Corporation Name**

PALM BEACH FESTIVAL, INC.

**2. Principal Office Address**

215 N. Federal Highway  
1500 Palm Beach Lakes Blvd

**3. Mailing Office Address**

215 N. Federal Highway

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

#3

City & State

Boca Raton  
West Palm Beach FL

City & State

Boca Raton FL

Zip

33401

Country

USA

Zip

33432

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

05/02/1975

**5. FEI Number**

591677840

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

**7. Name and Address of Current Registered Agent**

Name

MARTA BATMASIAN

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

215 NORTH FEDERAL HIGHWAY

Suite, Apt. #, Etc.

SUITE # 3

City

BOCA RATON

State

FL

Zip Code

33432

500028222165

02/04/04--01055--032 \*\*490 00

**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

*M. Batmasian*

Date 01/10/2004

REGISTERED AGENT MUST SIGN

**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/D	MARTA BATMASIAN	215 NORTH FEDERAL HIGHWAY	BOCA RATON, FL 33432
V/D	ERVIN DUGGAN	2 Four Arts Plaza	Palm Beach 33480
S/T/D	ANASTASIA BAGLIORE	8419 Twin Lake Dr.	Boca Raton 33496

**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 under section 119.07(3)(i), F.S. The information indicated on this application is true and correct, and my signature shall have the same legal effect as if made under oath.**

SIGNATURE:

*M. Batmasian*

MARTA BATMASIAN

1/10/2004

561-391-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)