▲ Tear Here ▲ ▲ Tear Here ▲ ▲ Tear Here ▲

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 95-97

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
97 SEP 26 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # 7-33-134

PALMETTO AMATEUR RADIO CLUB, INC.
C/O BERNARD STERNBERG
9893 N. GRAND DUKE CIRCLE
TAMARAC FL 3332)

W97-20790

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State Zip Code

800002307815--9
09/30/97--01055--006
****358.75 ****358.75

4. Date Incorporated or Qualified To Do Business in Florida: 6/20/94

5. FEI Number

FEI Number Applied For

X FEI Number Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
PRES	JOSEPH A STERN D	9313 NW 10TH STREET	PLANTATION FL. 33312
SECT	JOSEPH CHOPSKY D	3751 N. 55 AVE	HOLLYWOOD FL. 33021
TREAS	WILLIAM DROYER D	3650 N. 36 AVE VILLA 66	HOLLYWOOD FL 33021
DIRC	BERNARD STERNBERG D	9893 N GRAND DUKE CIRCLE	TAMARAC FL 3332)

REINSTATEMENT 95-97

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

BERNARD STERNBERG
9893 N. GRAND DUKE CIRCLE
TAMARAC FL 3332)

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City State FL Zip

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] Date 9/5/97

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director [signature] Date 9/5/97 Daytime Phone # 954-961-0366