

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

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

02 APR 23 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 742330

1. Corporation Name

THE CHAMBER MUSIC SOCIETY OF THE PALM BEACHES, INC.

2. Principal Office Address

119 LAKE SUSAN DR.

Suite, Apt. #, etc.

3. Mailing Office Address

119 LAKE SUSAN DR.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33411

Country

City & State

WEST PALM BEACH, FL

Zip

33411

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/10/78

5. FEI Number

59-1867585

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

IRVING KATZ

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

119 LAKE SUSAN DR.

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33411

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

Irving Katz

REGISTERED AGENT MUST SIGN

Date

2/6/02

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/S/D	IRVING KATZ	119 LAKE SUSAN DR.	W PALM BEACH, FL 33411
VP/D	MAX ROSENBAUM	119 LAKE SUSAN DR.	W PALM BEACH, FL 33411
T/D	JUDITH ARONSON	119 LAKE SUSAN DR.	W PALM BEACH, FL 33411

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 accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Irving Katz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRVING KATZ 2/6/02 561-478-8812

Date

Daytime Phone #