

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 SEP 20 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **753678**

1. Corporation Name

RECOMPRESSION CHAMBER OF THE PALM BEACHES, INC.

2. Principal Office Address

505 South Flagler Drive

Suite, Apt. #, etc.

1330

City & State

West Palm Beach, Florida

Zip

33401

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

SAME

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

8/7/1980

5. FEI Number

Applied For

X Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 86-00

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

Name

David E. Bowers

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

505 South Flagler Drive

Suite, Apt. #, Etc.

Suite 1330

City

West Palm Beach, Florida

State

FL

Zip Code

33401

100003419911-6  
-10/10/00-01007-019  
\*\*\*1102.50 \*\*\*1102.50

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

*David E. Bowers*

Date

9/15/00

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	Larry Conway	104 Paradise Harbour Blvd.	North Palm Bch., FL 33408
VP/D	Jane Kunf	8689 Pinto Drive	Lake Worth, FL 33467
T/D	Kenrieth Barker	8260 Pine Tree Lane	West Palm Beach, FL 33406
S/D	Martha Barker	8260 Pine Tree Lane	West Palm Beach, FL 33406

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:

*Kenrieth L. Barker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER 9-15-00 561-586-4732

Date

Daytime Phone #

CR2E081 (9/99)

ROGERS, BOWERS, DEMPSEY AND PALADINO

ATTORNEYS

FLAGLER CENTER TOWER

505 SOUTH FLAGLER DRIVE

SUITE 1330

WEST PALM BEACH, FLORIDA 33401

ROBERT O. ROGERS

DAVID E. BOWERS

W. GLENN DEMPSEY

RICHARD PALADINO

ALLISON B. ROGERS

September 18, 2000

TELEPHONE (561) 655-8980

TELECOPIER (561) 655-9480

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

In Re: Recompression Chamber of the Palm Beaches, Inc.  
Reinstatement of Not-for-Profit Corporation

Dear Sir or Madam:

Enclosed is a Form to reinstate the above mentioned Corporation. The Not-for-Profit Corporation was involuntarily dissolved in November 1986. Therefore I have enclosed a check for the following:

Reinstatement Fee	\$ 35.00
Annual Reports for 15 years	918.75
Certificate of Status	<u>8.75</u>
Total Fee	<u>\$1,102.50</u>

If you should need further information, please give me a call.

Sincerely,

ROGERS, BOWERS, DEMPSEY & PALADINO



Christine Ruffini  
Legal Assistant

/cr  
Enclosures  
a/s