

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

06 SEP 20 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766124

1. Corporation Name Palm Beach Industrial Condominium Association, INC.

W06 0000 39994

REINSTATEMENT 1984-2006

2. Principal Office Address
8390 Currency Dr

3. Mailing Office Address

Suite, Apt. #, etc. #2

City & State Riviera Beach

Zip 33404 Country USA

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 592396979

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name David Summers

Street Address 8390 Currency Dr #2

Suite, Apt. #, Etc.

City Riviera Beach State FL Zip 33404

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 Paul Summers Date 8/21/06

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
<u>Pres</u>	<u>DAVID Summers</u>	<u>8390 Currency Dr #2</u>	<u>Riviera Beach, FL 33404</u>
<u>Treas</u>	<u>Dallas Thompson</u>	<u>8390 Currency Dr #9</u>	<u>Riviera Beach FL 33404</u>
<u>Sec</u>	<u>Harbert Bryant</u>	<u>8390 Currency Dr #5</u>	<u>Riviera Beach FL 33404</u>

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 contained in Chapter 119, 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: Paul Summers Date 8/21/06 Daytime Phone # 561-863-3667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Florida Dept. Of State
Reinstatement

Document # 766124
Palm Beach Industrial Condominium

This letter is stating that "Palm Beach Industrial Condominium Association" Did not receive the annual report notice in the year of dissolution (11/21/1984) and is asking for the reinstatement fee to be waived.

Paul L. Summer
Sincerely,
