

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUL 24 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 769618

1. Corporation Name

Palm Beach Park of Commerce Association, Inc.

2. Principal Office Address

8895 N. Military Trail

Suite, Apt. #, etc.

305-E

City & State

Palm Beach Gardens, FL

Zip

Country

33410

USA

3. Mailing Office Address

(Same)

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

7/29/1983

5. FEI Number

592209244

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

S & K Property Management, Inc.

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

1717 N. Bayshore Drive

Suite, Apt. #, Etc.

208

City

Miami

500004526435--0

-08/09/01--01015--013

*****8.75 *****8.75

500004526435--0

-08/09/01--01015--014

*****297.50 *****297.50

State

FL

33132

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

Lidia Leatoro

REGISTERED AGENT MUST SIGN

Date July 18, 2001

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	James Williams	648 Palermo Ave.	Coral Gables, FL 33134
V/D	Alina Villar	1717 N. Bayshore Dr.	Miami, FL 33132
S/T/D	Vivian Williams	648 Palermo Drive	Coral Gables, FL 33134
			LS

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)(f), 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: *Alina Villar* ALINA VILLAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/01

Date

(305) 577-3885

Daytime Phone #

CR2E081 (8/00)