

FILED
06 JAN -3 PM 3:58
TALLAHASSEE, FLORIDA

[illegible]

Mailing Address
7711 MILITARY TRAIL NORTH
SUITE 1000
PALM BEACH GARDENS, FL 33410

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

4. FEI Number
13-4090500

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name _____

Street Address _____
City _____

State _____ Zip Code _____

Phone Number _____

Business _____

Signature _____

Stamp: **REINSTATEMENT** 25

SIGNATURE

Barbara A. Burke

BABARA A. BURKE
SPECIAL ASSISTANT SECRETARY

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	BROWN, ROBERT G	
STREET ADDRESS	100 D PALM POINT CIRCLE	123 S W 1ST ST
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418	CA

TITLE	VSTD	<input type="checkbox"/> Delete
NAME	BARTELS, WILLIAM H	
STREET ADDRESS	580 WHITE PLAINS ROAD	
CITY - ST - ZIP	TARRYTOWN, NY 10591	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200060211182
STREET ADDRESS	10/25/05 4017.9 182
CITY-ST-ZIP	***750.00

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<i>William A. Smith</i>	
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	T Roberts JAN 03 2005	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

attachment with an address, with all other like empowered.

Carl S. Brown DIRECTOR

10/12/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____