

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 18 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

50001269665

02/18/03--01040--006 \*\*1208.75

REINSTATEMENT 00-03

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F65294

1. Corporation Name

PALM BEACH INSTITUTE FAMILY OF PROGRAMS, INC.

2. Principal Office Address

7529 Cedar Hurst Court

Suite, Apt. #, etc.

City & State

Lake Worth, Florida

Zip

33467

Country

USA

3. Mailing Office Address

7529 Cedar Hurst Court

Suite, Apt. #, etc.

City & State

Lake Worth, Florida

Zip

33467

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02-01-1982

5. FEI Number

592234522

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

Bruce Catanzaro

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

7529 Cedar Hurst Court

Suite, Apt. #, Etc.

City

Lake Worth

State  
FL

Zip Code  
33467

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

*B. Catanzaro*

REGISTERED AGENT MUST SIGN

Date Feb 11, 2003

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
PTD	Dr. Ronald J. Catanzaro	c/o 7529 Cedar Hurst Court	Lake Worth, FL 3346733467
VVS	Bruce Catanzaro	7529 Cedar Hurst Court	Lake Worth, FL 33467

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:

*Dr. Ronald J. Catanzaro*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Feb 11, 2003

Daytime Phone #

Dr. Ronald J. Catanzaro

781-791-4682

CR2E081 (10/02)