PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED 99 SEP -9 AM 9:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **G41067**

1. Corporation Name

CONCH PALACE, INC.

Principal Place of Business	Mailing Address
4102 RALEIGH STREET ~~P.O. BOX 924~~ ORLANDO FL ~~32802~~	4102 RALEIGH STREET ~~P.O. BOX 924~~ ORLANDO FL ~~32802~~

```
80000298756B---1
-09/15/99--01044--002
***1350.00  ***1350.00
```

REINSTATEMENT 95-99
DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida	
4102 Raleigh St Suite, Apt #, etc.	4102 Raleigh St Suite, Apt #, etc.	05/25/1983	
City & State Orlando FL	City & State Orlando FL	5. FEI Number 59-2381150	Applied For / Not Applicable
Zip 32811 Country Orange	Zip 32811 Country Orange	6. CERTIFICATE OF STATUS DESIRED ☐	$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
P/T	COLEMAN, IVA S.	4102 RAEIGH ST.	ORLANDO, FL 00000
V/S	BUTLER, DOROTHEA E.	4102 RALEIGH ST.	ORLANDO, FL 00000
T	~~SAWYER, VIOLET M~~	~~4366 CASSIUS ST~~	~~ORLANDO FL~~
S	SETTLES, NOVELLA	~~4102 RALEIGH ST~~	~~ORLANDO FL~~

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
PARKINSON, RICHARD J. R. 2813 PIONEER ROAD ORLANDO FL 32802	Name IVA S. Coleman Street Address (P.O. Box Number is Not Acceptable) 4102 Raleigh St Suite, Apt. #, Etc. City Orlando State FL Zip Code 32811

CR2E040 (6/95)

10. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: _Iva S Coleman_   Date _9-3-99_

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public 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., and that all fees owed by the corporation have been paid. 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: _Iva S Coleman_   _9-3-99_   _407/291-7487_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #