

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



APPROVED
AND
FILED

99 AUG 19 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J13381**

1. Corporation Name

DRUMMOND OF PALM BEACH, INC.

Principal Place of Business

620 S DIXIE HWY
LANTANA FL 33462
US

Mailing Address

620 S DIXIE HWY
LANTANA FL 33462
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/07/1986

5. FEI Number

59-2671166

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	DRUMMOND, VIOLET M.	510-5TH TERR, PGA NATL	PALM BCH.GARDENS FL
VP	DRUMMOND, ROBERT	510-5TH TERR, PGA NATL	PALM BCH.GARDENS FL
ST	DRUMMOND, ROBERT	510-5TH TERR, PGA NATL	PALM BCH.GARDENS FL

REINSTATEMENT 98-199

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-08/26/99--01065-017
***900.00 ***900.00

8. Name and Address of Current Registered Agent

DRUMMOND, VIOLET M.
510 - 5TH TERRACE, PGA NATIONAL
PALM BEACH GARDENS FL 33418

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State **FL** Zip Code

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

SIGNATURE REQUIRED

Date **8/5/99**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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.

V.M. Drummond

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 - 5-99

Date Daytime Phone #

8/11/99