PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # K42340

1. Corporation Name

SIGNATURE: 1

Diego F. Castro

PALM BEACH MATERIALS CORPORATION

FILED

00 MAY 24 AM 11: 45

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(305) 451-5125

					IA1	"FRUMPORFFILEON	IUA
rincipal Place of Business Mailing Address					1		
201 Benoist Farms Rd. 1551 Forum Place, #300C West Palm Beach, FL 33411	1551 Fo	rum Pla	ace,	son, Esq. #300C L 33401-2	386 አ ምብጹበ ረ ጭፕ	·aterala	0100
If above addresses are incorrect in any way, line thr	ough incorrect in	nformation a	nd enter c	orrection below.	icingi	WICHEN	U X Y W
2. New Principal Office Address, If Applicable 5. Corrine Place	3. New Mailing Office Address, 6 Corrine Place			Applicable	Date Incorporated or Qualified To Do Business in Florida 10/28/88		
Suite, Apt. #, etc.	t. #, etc. Suite, Apt. #,				5. FEI Number Applied For		
City & State				650084438 Not Applicable			
Key Largo, Florida	go, Florida			6.			
33037 County	33037		Country	SA	CERTIFICAT		or a Certificate of Status
7. Names and Street Addresses of Each Officer and	or Director (Fto	rida nonprof	it corporat	ions must list at lea	ast 3 directors)		
Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box I			City / State / Zip		ate / Zip
PD Diego F. Castro			6 Corrine Place,			Key Largo, FL	33037
					00	00032777 -06/06/0001 ***1050.00	7500 037-012 ***1050.00
							LS
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent		
Kevin F. Richardson, Esquire				Diego-Castro			
1551 Forum Place				Street Address (P.O. Box Number is Not Acceptable) 6 Corrine Place			
Suite 300 C West Palm Beach, FL 33401				Suite, Apt. #, Etc.			
				Key Largo		\ -	Zip Code 33037
Signature of Registered Agent X	EGISTERED AG			h and accept the o	bligations of Secti	Date	- Go-
11. This corporation owes the Intangible Personal Prope			30.	Yes	□ No 🗵	(See other sic on intar	le for information igible tax.)
I certify that I am an officer or director or the rece this reinstatement application, the reason for dissowed by the corporation have been paid and the on this application is true and accurate, and my si	olution has been names of individ	eliminated. Iuals listed o	the corpo in this form	rate name satisfies n do not qualify for	the requirements an exemption un	: at section 607.0401 at 617.0	401, F.S., inat all fees

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date