

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 FEB 15 PM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K51836**

1. Corporation Name

PAIM COAST PROPERTIES OF PALM BEACH, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

863 W. 13th Court

Suite, Apt. #, etc

3. New Mailing Office Address, If Applicable

863 W. 13th Court

Suite, Apt. #, etc

4. Date Incorporated or Qualified
To Do Business in Florida

December 16, 1988

5. FEI Number

65-0095715

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

City & State

Riviera Beach, FL

Zip
33404

Country
USA

City & State

Riviera Beach, FL

Zip
33404

Country
USA

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Karl Hoffman	35 Tradewinds Circle	Tequesta, FL 33469
D	Kenneth C. Speranza	863 W. 13th Court	Riviera Beach, FL 33404
			*****12780859-2
			02/19/99-01065-006
			***1508.75 ***1508.75

REINSTATEMENT

94-99

2/17/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Kenneth C. Speranza

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

863 W. 13th Court

Suite, Apt. #, Etc

City

Riviera Beach

State

Zip Code

FL

33404

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

REGISTERED AGENT MUST SIGN

Date

FEB 12, 1999

11. This corporation owes 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/1999 (561) 848-8133
Date Daytime Phone #