

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 30 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L10189

1. Corporation Name

ARISTON OF PALM BEACH, INC.

Principal Place of Business

Mailing Address

3321 HANOVER CIRCLE
LOXAHATCHEE FL 33470

3321 HANOVER CIRCLE
LOXAHATCHEE FL 33470



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

c/o Mendoza and Callas

c/o Mendoza and Callas

Suite, Apt. #, etc.

Suite, Apt. #, etc.

251 Royal Palm Way, Ste 602

251 Royal Palm Way, Ste 602

City & State

City & State

Palm Beach, FL

Palm Beach, FL

Zip

Zip

33480

Country

USA

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/21/1989

5. FEI Number

65-0194790

Applied For

Not Applicable

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 | City / State / Zip 4 |
|---------------|---|--|--|
| D P/D | SEXTON, NANETTE C | 3321 HANOVER CIR 2615 Muirfield Court | LOXAHATCHEE FL Wellington, FL 33414 |
| AS | DE MENDOZA, MARIO G., III | 251 Royal Palm Way, Suite 602 | Palm Beach, FL 33480 |
| | | | 200003463852-6 -11/15/00-01032-006 ****750.00 ****750.00 |
| | | | REINSTATEMENT 150 78 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DE MENDOZA, MARIO G III ESQ
MENDOZA GALLAS & SCHILLING
251 ROYAL PALM WAY, SUITE 602
PALM BEACH FL 33480

Name

DE MENDOZA, MARIO G. III, ESQ.

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

Mendoza and Callas

Suite, Apt. #, Etc.

251 Royal Palm Way, Suite 602

City

Palm Beach

State

FL

Zip Code

33480

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

Mario G. de Mendoza
Mario G. de Mendoza

REGISTERED AGENT MUST SIGN

Date 10/23/00

11. 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:

Nanette Sexton
Nanette Sexton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 OCT 2000 (561) 793-072

Date

Daytime Phone #

CR2E040 (800)