

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

1 of 2

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 MAR -7 PM 4:00

**DOCUMENT #** L52492

**1. Corporation Name**

PALAIS DU PONT, INC.

**2. Principal Office Address**

61 West Osceola Street

Suite, Apt. #, etc.

**City & State**

Stuart, FL

**Zip**

34994

**Country**

Martin

**3. Mailing Office Address**

61 West Osceola Street

Suite, Apt. #, etc.

**City & State**

Stuart, FL

**Zip**

34994

**Country**

Martin

**4. Date Incorporated or Qualified  
To Do Business in Florida**

02/23/90

**5. FEI Number**

65-0174817

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒ **XX**

\$375 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

Timothy J. Fritschle

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

61 West Osceola Street

**Suite, Apt. #, Etc.**

**City**

Stuart

**State**

FL

**Zip Code**

34994

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

**Signature of**

**Registered Agent**

*[Signature]*

**Date** 03/05/02

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres/ Dir	Timothy J. Fritschle	61 West Osceola Street	Stuart, FL 34994
Sec/ Dir	James D. Spence, Jr.	61 West Osceola Street	Stuart, FL 34994

**10. 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]*

Timothy J. Fritschle  
Pres/Dir

03/05/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

PALAIS DU PONT, INC.  
61 W. Osceola Street  
Stuart, Florida 34994

March 5, 2002

Florida Department of State  
Division of Corporations  
Reinstatement Division  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Reinstatement of PALAIS DU PONT, INC.  
Document #L52492  
Incorporated: 02/23/90, FEI: 65-0174817

Dear Sir/Madam:

This letter is written to certify that PALAIS DU PONT, INC. did not receive the 2001 Notification of Annual Report (UBR) at its mailing address of 61 West Osceola Street, Stuart, Florida, 34994 and this is the reason this Corporation did not file this report prior to its Administrative Dissolution on September 21, 2001.

This Corporation's mailing address was changed prior to the mailing of such reports by the Corporation's UBR filed May 24, 2000.

Under penalties of perjury I do state that the foregoing is true and correct to the best of my knowledge and belief.

PALAIS DU PONT, INC.

BY:   
Timothy J. Fritschle  
President & Director