

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 JAN 18 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # M65106**

1. Corporation Name

**PALM BEACH HOSPITALITY, INC.**

Principal Place of Business

**8605 S.E. Federal Hwy**

Mailing Address

**Hobe Sound, FL 33455 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

**1/19/88**

5. FEI Number

**65-0025842**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
PTSD	Nazir Kassam	8605 S.E. Federal Hwy	Hobe Sound, FL 33455
			300003111819--4 -01/26/00--01108--024 ****750.00 ****750.00
			300003111819--4 -01/26/00--01108--025 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

**Abdul F. Esmail**  
**8605 S.E. Federal Hwy.**  
**Hobe Sound, FL 33455**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**FL**

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

**Abdul F. Esmail** REGISTERED AGENT MUST SIGN

Date

**1/13/2000**

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)(b), 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.

EXECUTED BEFORE ME AT THE CITY OF  
KANSAS, B.C. THIS 6TH DAY OF JANUARY, 2000.

SIGNATURE:

**Nazir Kassam**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN. 6/2000**

Date

Daytime Phone #