

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 27 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M74862**

1. Corporation Name

**MARIGOLD ANTIQUES
CHAIRMAN'S CLUB
220 SUNRISE
PALM BEACH FL 33480**

2. Principal Office Address

264 EVERGLADE AVE

Suite, Apt. #, etc.

NA

City & State

PALM BEACH, FL

Zip

33480

Country

PALM BEACH

3. Mailing Office Address

264 EVERGLADE AVE

Suite, Apt. #, etc.

NA

City & State

PALM BEACH, FL

Zip

33480

Country

PALM BEACH

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

5. FEI Number

65-0044076

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

REINSTATEMENT 0-03

7. Name and Address of Current Registered Agent

Name

Eileen C. CARROLL

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

350 CLUB CIRCLE

Suite, Apt. #, Etc.

208

City

BOCA RATON

State

FL

Zip Code

33480

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

Eileen C. Carroll

Date

1/9/03

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
VICE PRES	DAVID MARKIN	220 Sunrise #203	Palm Beach, FL 33480
PRES	MARILYN M. FELDMAN	264 EVERGLADE AVE	PALM BEACH, FL 33480
TREAS	Eileen C. CARROLL	350 CLUB CIRCLE	BOCA RATON, FL 33480

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:

Marilyn M. Feldman - Marilyn M. Feldman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-03 561-655-8896

CR2E081 (10/02)