

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -7 PM 5:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000002133

1. Corporation Name

Palm Beach County Amateur Radio Emergency
Service, Inc.

2. Principal Office Address

11985 Southern Blvd.

Suite, Apt. #, etc.

285

City & State

Royal Palm Beach, FL

Zip

33411

Country

USA

3. Mailing Office Address

11985 Southern Blvd.

Suite, Apt. #, etc.

285

City & State

Royal Palm Beach, FL

Zip

33411

Country

USA

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

5. FEI Number

65-0995658

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sean F. Smyth

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

1098 NW Boca Raton Blvd.

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33432

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 February 6, 2004

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
P/D	David Messinger	11985 Southern Blvd., 285 Roayal Palm Bch, FL	
VP/D	Sean Smyth	9071 Picot Ct.	Boynton Bch, FL 33437
S/D	John Sheats	17436 79th Ct. N.	Loxahatchee, FL 33470
T/D	Tony Swicer	3780 Ramblewood Ct.	Lake Worth, FL 33467

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]

Sean Smyth

2/6/04

Date

(561) 704-4371

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)