

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000002133

1. Corporation Name

PALM BEACH COUNTY AMATEUR RADIO
EMERGENCY SERVICE, INC.

2. Principal Office Address - No P.O. Box #

6803 LAKE WORTH RD.

Suite, Apt. #, etc.

SUITE 315

City & State

GREENACRES

Zip

33467

Country

USA

3. Mailing Office Address

1128 ROYAL PALM BEACH BLVD.

Suite, Apt. #, etc.

SUITE 454

City & State

ROYAL PALM BEACH

Zip

33411

Country

USA

7. Name and Address of Current Registered Agent

Name

SEAN F. SMYTH

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

6803 LAKE WORTH RD.

Suite, Apt. #, Etc.

SUITE 315

City

GREENACRES

State

FL

Zip Code

33467

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]

REGISTERED AGENT MUST SIGN

Date

6/10/8

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	^{#454} 1128 ROYAL PALM BEACH BLVD.	ROYAL PALM BEACH FL 33411
V D	SEAN SMYTH	^{#144} 351 N. CONGRESS BLVD.	BOYNTON BEACH FL 33436
STD	JOE NEUHAUSEL	7521 MARTINIQUE BLVD.	BOCA RATON FL 33433

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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 contained in Chapter 119, 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] JOE NEUHAUSEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/10/8

Daytime Phone #

561 493-7413

FILED

08 JUN 25 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-08

CR2E081 (12/07)