

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB -7 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

The Alexander at Palm Court, Inc.

NO1000004589

2. Principal Office Address

201 W. Emma Ave.

3. Mailing Office Address

P.O. Box 21

Suite, Apt. #, etc.

Suite E

Suite, Apt. #, etc.

City & State

Springdale, AR

City & State

Springdale, AR

Zip

72764

Country

USA

Zip

72765

Country

USA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/01

5. FEI Number

☒ 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

Shannon L. Porath

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

2441 U.S. Hwy 98 E

Suite, Apt. #, Etc.

Suite 108

City

Santa Rosa Beach

State
FL

Zip Code
32459

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

Shannon L. Porath

REGISTERED AGENT MUST SIGN

Date **2/3/03**

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
DP	GARY BRANDON	201 W. EMMA AVE. SUITE E	SPRINGDALE, AR 72764
DT	SHERRI BRANDON	201 W. EMMA AVE. SUITE E	SPRINGDALE, AR 72764
DS	RITA BOTTEMS	P.O. BOX 4738	SEASIDE, FL 32459

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:

Rita Bottems

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/03

Date

850-830-6655

Daytime Phone #

CR2E081 (10/02)

2/13

**Lydolph
Porath**
ASSOCIATES
ATTORNEYS AT LAW
a Professional Association

P.O. Box 1609
2441 HIGHWAY 98 EAST, SUITE 108
SANTA ROSA BEACH, FL 32459
850-622-0102 • FAX: 850-622-1132
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February 4, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

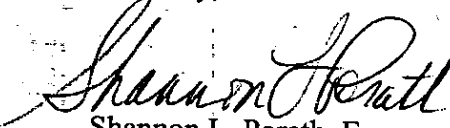
**RE: Reinstatement Application
The Alexander at Palm Court, Inc.**

To Whom It May Concern:

Enclosed is the Application for Reinstatement of The Alexander at Palm Court, Inc. and a check for \$306.25 which represents the \$297.50 reinstatement fee plus \$8.75 for a Certificate of Status.

Please mail the Certificate of Status back to this office: Lydolph, Porath & Associates, P.A., P.O. Drawer 1609, Santa Rosa Beach, FL 32459.

Sincerely,


Shannon L. Porath, Esq.

cc: file