

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N04356

**1. Corporation Name**

**PALM BEACH BUSINESS PARK PROPERTY OWNERS  
ASSOCIATION, INC.**

**2. Principal Office Address**

**Law Office of  
Gary D. Fields  
4400 PGA Boulevard  
Suite, Apt. #, etc.**

**Suite 700**

**City & State**

**Palm Beach Gardens, Florida**

**Zip Country**

**33410**

**3. Mailing Office Address**

**(Same)**

**Suite, Apt. #, etc.**

**City & State**

**Zip Country**

**REINSTATEMENT**

**87-00**

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

**07/25/84**

**SP**

**5. FEI Number**

**59-2518570**

**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**

**GARY D. FIELDS**

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

**4400 PGA BOULEVARD**

**Suite, Apt. #, Etc.**

**SUITE 700**

**City**

**PALM BEACH GARDENS**

**State  
FL**

**Zip Code  
33410**

**100003372301-5**

**-08/24/00--01090--007**

**\*\*\*1067.50 \*\*\*1067.50**

**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**

**REGISTERED AGENT MUST SIGN**

**Date 7/20/00**

**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	ANTHONY GRAHAM	5713 CORPORATE WAY, SUITE 200	W. PALM BCH, FL 33407
S/T/D	JOHN JENKINS	5730 CORPORATE WAY, SUITE 120	W. PALM BCH, FL 33407
V.P./D	THOMAS GIBSON	2442 METROCENTRE BLVD.	W. PALM BCH, FL 33407
D	ROBERT SHAW	5725 CORPORATE WAY	W. PALM BCH, FL 33407

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**ANTHONY GRAHAM,  
PRESIDENT**

**Date**

**Daytime Phone #**

**7/24/00**

**(561) 498-1001**

CR2E081 (9/99)