

# 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000004159

FILED  
Aug 03, 2010  
Secretary of State

**Entity Name:** THE PALM BEACH MUSEUM OF NATURAL HISTORY, INC.

**Current Principal Place of Business:**

2805 EAST OAKLAND PARK BLVD  
402  
FORT LAUDERDALE, FL 33306

**New Principal Place of Business:**

**Current Mailing Address:**

2805 EAST OAKLAND PARK BLVD  
402  
FORT LAUDERDALE, FL 33306

**New Mailing Address:**

**FEI Number:** 06-1745912

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BATTS, NORLIZA ESQUIRE  
2805 EAST OAKLAND PARK BLVD  
402  
FORT LAUDERDALE, FL 33306 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NORLIZA BATTS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PASCUCCI, JR., RUDOLPH F  
Address: 3202 SHOMA DR.  
City-St-Zip: WELLINGTON, FL 33414

Title: VP  
Name: FLYNN, PATRICIA K  
Address: 2805 EAST OAKLAND PARK BLVD, #402  
City-St-Zip: FT. LAUDERDALE, FL 33306

Title: T  
Name: PEDRAZZOLI, BRYAN L  
Address: 3202 SHOMA DR.  
City-St-Zip: WELLINGTON, FL 33414

Title: S  
Name: FERDINANDO, PETER  
Address: 777 NW 45TH STREET  
City-St-Zip: POMPANO, FL 33064

Title: D  
Name: CICHOCKI, FREDERICK DR.  
Address: 67 PEARL STREET  
City-St-Zip: BATH, ME 04530

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RUDOLPH F. PASCUCCI, JR.

PRES

08/03/2010

Electronic Signature of Signing Officer or Director

Date