

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *N 18209*

1. Corporation Name

PALM CHASE RESIDENT APPLIANCE SERVICE CORP.

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

10755 PALM LAKE AVE

3. Mailing Office Address

10755 PALM LAKE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH FL

City & State

BOYNTON BEACH FL

Zip

33437

Country

Zip

33437

Country

7. Name and Address of Current Registered Agent

Name

HYMAN HERMAN

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

10883 PALM LAKE AVE

Suite, Apt. #, Etc.

202

City

BOYNTON BEACH

State

FL

Zip Code

33437

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

Hyman Herman

REGISTERED AGENT MUST SIGN

Date *11-05-10*

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 |
|--------------|--------------------------------------|---|-------------------------------|
| <i>PRES</i> | <i>MELVIN KANDELL D</i> | <i>10977 WASHINGTONIA PALM</i> | <i>BOYNTON BEACH FL 33437</i> |
| <i>VP</i> | <i>ISIDORE SPECTOR D</i> | <i>10851 PALM LAKE AVE</i> | <i>BOYNTON BEACH FL 33437</i> |
| <i>Sec'y</i> | <i>MIRIAM WEISS D</i> | <i>10630 BEACH PALM CT</i> | <i>BOYNTON BEACH FL 33437</i> |
| <i>TREAS</i> | <i>HYMAN HERMAN D</i> | <i>10883 PALM LAKE AVE</i> | <i>BOYNTON BEACH FL 33437</i> |
| | | | |
| | | | |

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

Hyman Herman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-05-10 561-737-7410

Date

Daytime Phone #

FILED

10 NOV -9 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300187593703
11/09/10--01033--009 **236.25

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12-10-86

5. FEI Number

59-2745984

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status