

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 #

10883 PALM LAKE AVE

3. Mailing Office Address

10755 PALM LAKE AVE

Suite, Apt. #, etc.

APT 202

Suite, Apt. #, etc.

-

City &amp; State

BOYNTON BEACH FL.

City &amp; State

BOYNTON BEACH, FL

Zip

33437

Country

U.S.A.

Zip

33437

Country

U.S.A.

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

7. Name and Address of Current Registered Agent

Name

KITTY HERMAN

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

10883 PALM LAKE AVE

Suite, Apt. #, ETC.

APT 202

City

BOYNTON BEACH

State

FL

Zip Code

33437

300251888453  
09/19/13--01016--003 \*\*297.50

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

Kitty Herman

Date

9/16/13

REGISTERED AGENT MUST SIGN

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	IRVING SPECTOR	10851 PALM LAKE AVE	BOYNTON BEACH FL 33437
V/D	FRANK BUTERWAISER	5405 PALM SPRINGS LANE	BOYNTON BEACH FL 33437
S	MIMI WEISS	10630 BEACH PALM CT	BOYNTON BEACH FL 33437
T/D	HYMAN HERMAN	10883 PALM LAKE AVE	BOYNTON BEACH FL 33437
REINSTATEMENT			S. HAWKES
2012-2013			SEP 20 2013

10 E-mail Address: shadow126w@gmail.com

(To be used for future annual report notification)

EXAMINER

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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Hyman Herman HYMAN HERMAN

9/16/13

561-737-7410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #