

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 SEP -2 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43923

1. Corporation Name

PALM BEACH INDEPENDENT AUTO DEALERS
ASSOCIATION, INC

Principal Place of Business

NA

Mailing Address

P.O. BOX 16595
West Palm Beach, FL
33416

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

1027 Florida Mango Rd

Suite, Apt. #, etc.

Suite #7

City & State

West Palm Beach, FL

Zip

33409

Country

USA

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6-15-91

5. FEI Number

65-0255156

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida law requires that all officers and directors be residents of Florida)

Title(s)	Name of Officers and/or Directors	Street Address (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
DP	BUDJINSKI, MAUREEN	1027 Florida Mango Rd	West Palm Beach, FL 33409
DV	CASABLANCA, SEBASTIAN	615-6 Whitney Ave	Lantana FL 33462
D/CHMN	GOULDTHREAD, GARY	2000 Okeechobee Blvd	West Palm Beach, FL
DS	OVERTON, BOB	14470 Horseshoe Trace	West Palm Beach, FL
DT	LAMB, EDWIN	150 N. Military Trail	West Palm Beach, FL

8. Name and Address of Current Registered Agent

Gouldthread, Gary
2000 Okeechobee Blvd
West Palm Beach, FL 33409

9. Name and Address of New Registered Agent

Name

EDWIN E. LAMB

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

1656 LINDA LOR DR.

Suite, Apt. #, Etc.

City

W. Palm Beach

State

FL

Zip Code

33415

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Edwin E. Lamb

REGISTERED AGENT MUST SIGN

Date August 27, 97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

(561) 683-0550

8/27/97

561-683-0550

CR2E040 (12/96)