

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
00 OCT 26 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **1793000004747**

1. Corporation Name

Revive of West Palm Beach, Inc.

2. Principal Office Address

518 Clematis Street

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33401

Country

USA

3. Mailing Office Address

518 Clematis Street

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33401

Country

USA

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

10/14/93

5. FEI Number

65-0441019

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 **Rodney Mayo**

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

518 Clematis Street

Suite, Apt. #, Etc.

City **West Palm Beach,**

State
FL

Zip
33401

100003447601-9

11/01/00-01104-003

****297.50 ****297.50

REINSTATEMENT 99-00

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 **Rodney Mayo**

REGISTERED AGENT MUST SIGN

10/25/00

Date

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
DV	Maurice Coshigan	518 Clematis Street	West Palm Beach, FL 33401
DP	Rodney Mayo	518 Clematis Street	West Palm Beach, FL 33401
TD	Carrie Webb	518 Clematis Street	West Palm Beach, FL 33401

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
Rodney Mayo, President

10/25/00

Date

Daytime Phone #

CR2E081 (9/99)