

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

00 FEB 16 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001534

W00-3292

1. Corporation Name

TEH PALM BEACH MASS CHOIR, INC.

Principal Place of Business

1635 W 32ND STREET
RIVIERA BEACH, FL
33404

Mailing Address

1635 W 32ND STREET
RIVIERA BEACH, FL
33404

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Use Uncorporated or Qualified
To Do Business in Florida

03-31-1995

5. FEI Number

Applied For

65-0397214

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED j

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	CHARLES MCBRIDE	1635 W 32ND STREET	RIVIERA BEACH, FL 33404
VP/D	MAE W SIDERS	426 BAYBERRY DRIVE	LAKE PARK, FL 33403
T/D	MERVENIA MCBRIDE	1635 W 32ND STREET	RIVIERA BEACH, FL 33404
D	REV. STEVEN WHITE	13217 67TH STREET N	WEST PALM BEACH, FL 33411
S/D	BARBARA HUNT	2061 NW 2ND COURT	BOYNTON BEACH, FL 33435
			400003145404-0 -02/24/00-01004-010 ***428.75 ***428.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHARON HARRIS
4690 C-ORLEANS COURT
WEST PALM BEACH, FL 33415

Name

CHARLES MCBRIDE

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

1635 W 32ND STREET

Suite, Apt. #, Etc.

City

RIVIERA BEACH

State

FL

Zip Code

33404

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

Charles McBride

REGISTERED AGENT MUST SIGN

Date 1-31-00

11. This corporation owes or has paid the current year

Intangible Personal Property tax due June 30.

Yes j

No jx

(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 name 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

Date

Daytime Phone #

Charles McBride

1-31-00

561-848-8097