

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N95000003379

1. Corporation Name

CONSIDER THE LILIES OF THE PALM BEACHES, INC.

Principal Place of Business

Mailing Address

921 NORTLAKE BLVD  
STE 403  
N PALM BCH FL 33408  
US

1064 THE POINTE DR  
W PALM BCH FL 33409  
US

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

33409

US

4. Date Incorporated or Qualified  
To Do Business in Florida

07/18/1995

5. FEI Number

65-0641513

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 nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	STEVENS, TAYLOR	1064 THE POINTE DR	WEST PALM BEACH FL 33409
VPB STD	HODGE, DONNA	2464 S RIDGE RD 10 NE 11th ST.	DELRAY FL 33444
STD VPD	LAGO, KAREN LESLIE H LATHAM	9873 LAWRENCE RD C-208 5203 GLENMOOR DR	BOYNTON BEACH FL 33438 WPB, FL 33409
T	CARMICHAEL, BARBARA MARY OWNBY	884 CAMELLIA DR 105 PARADISE HBR BLVD 108	ROYAL PALM BEACH FL 33411 N P B, FL 33408
T	KAREN DUMONT	5300 N OCEAN DR	SINGER ISLAND, FL 33404
T	TONY MORANO	6643 66th WAY	WPB, FL 33409

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

* PORRO, HILDA M 13857 WELLINGTON TRACE SUITE D-1 WEST PALM BEACH FL 33414	Name	HILDA M. PORRO
	Street Address (P.O. Box Number is Not Acceptable)	12769 W. Forest Hill Blvd, Suite E
	Suite, Apt. #, Etc.	800002777018-1
	City	Wellington

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

*Hilda M. Porro*

REGISTERED AGENT MUST SIGN

Date 1-13-99

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99 (561)697-3776  
Date Daytime Phone #

CR2E040 (9/98)