

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

98 DEC -7 PM 5:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N96000002490

1. Corporation Name

PALM BEACH BENEFIT, INC.

Principal Place of Business

Mailing Address

13368 POLO CLUB RD W  
WELLINGTON FL 33414

13368 POLO CLUB RD W  
WELLINGTON FL 33414

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

13860 Wellington Trace #12

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 271

City & State

City & State

Wellington FL

Zip

Country

Zip

FL 33414

Country

Palm Beach

4. Date Incorporated or Qualified  
To Do Business in Florida

05/06/1996

5. FEI Number

65-0705590

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
D	PHELPS, MASON	11368 POLO CLUB RD W	WELLINGTON FL 33414
<del>D</del>	<del>GUEST, CORNELIA</del>	<del>11932 LONGWOOD GREEN</del>	<del>WELLINGTON FL 33414</del>
D	PAULL, RICHARD J	1566 HOLLYHOCK RD	WELLINGTON FL 33414
D	Neal, Ron	11368 Polo Club Rd W	Wellington, FL 33414
REINSTATEMENT 98/12/8/98			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PAULL, RICHARD J  
12783 HILL BLVD  
STE A  
WELLINGTON FL 33414

Name

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

Suite, Apt. #, Etc.

City

400002708234-2

-12/10/98-01005-002

\*\*\*236.25 State Fee \*\*\*236.25

FL

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

REINSTATEMENT REQUIRED  
NATHANIEL PAULL

REGISTERED AGENT MUST SIGN

Date 11/20/98

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)(f), 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 OF PAULL, RICHARD J

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/20/98 561-790-7837

CR2E040 (8/98)