

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # W97000004004

1. Corporation Name
Palm Beach Shores Resort, A Great
Vacations Club Association, Inc

Principal Place of Business
181 Ocean Drive
Palm Beach Shores, FL
33404

Mailing Address
One Bala Avenue, Ste 300
Bala Cynwyd, PA
19004

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

4. Date Incorporated or Qualified
To Do Business in Florida 7/21/97

5. FEI Number

36-4242970

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
Dir.	Bruce Goldstein	181 Ocean Drive	Palm Beach Shores, FL 33404
Dir.	Mik Aachdavi	181 Ocean Drive	Palm Beach Shores, FL 33404
Dir. VP	Bert Blicher	One Bala Avenue, Ste 300	Bala Cynwyd, PA 19004
Dir	Michael Haushalter	181 Ocean Drive	Palm Beach Shores, FL 33404

REINSTATEMENT 98-99

100002922881-3

07/02/99 01100-002

****297.50 ****297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Robert E Dady
200 South Biscayne Blvd
Ste 2100
Miami, FL 33131

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

4-26-99

11. This corporation owes 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/99
Date

610-664-3322
Daytime Phone #