

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N97000004151**

1. Corporation Name

CITIZEN'S ASSOCIATION OF FLAGLER DRIVE, INC.

Principal Place of Business

400 N. FLAGLER DR., STE. 1003
WEST PALM BEACH FL 33401

Mailing Address

400 N. FLAGLER DR., STE. 1003
WEST PALM BEACH FL 33401

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

2. New Principal Office Address, If Applicable

ROBERT HANNA
Suite, Apt. #, etc.
502 PALM STREET SUITE 20

3. New Mailing Office Address, If Applicable

502 PALM STREET
Suite, Apt. #, etc.
SUITE 20

City & State
WEST PALM BEACH

City & State
WEST PALM BEACH

Zip **FLORIDA 33401** Country **U.S.A.**

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REINSTATEMENT

99

4. Date Incorporated or Qualified To Do Business in Florida

07/17/1997

5. FEI Number

65-0767604

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	SLOANE, TED	400 N. FLAGLER DR., STE. 1003	WEST PALM BEACH FL 33401
D	SLOANE, LYNNE	400 N. FLAGLER DR., STE. 1003	WEST PALM BEACH FL 33401
D	WEINSTOCK, SANDER B	525 S. FLAGLER DR.	WEST PALM BEACH FL 33401

8. Name and Address of Current Registered Agent

SLOANE, TED
400 N. FLAGLER DR., STE. 1003
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name **ROBERT HANNA**
Street Address (P.O. Box Number is Not Acceptable) **502 PALM STREET**
Suite, Apt. #, Etc. **SUITE 20**
City **WEST PALM BCH** State **FL** Zip Code **33401**

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

Robert Hanna

Date **Nov 1 1999**

REGISTERED AGENT MUST SIGN

11. 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:

Robert Hanna **ROBERT HANNA**

Date

561 932 5700

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/99)