PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

99 JUN -9 AM 9:23
TALLAHASSEE, FLORIDA

DOCUMENT # N97000001038 4

1. Corporation Name
FIRST PRIORITY PALM BEACH COUNTY, INC

Principal Place of Business	Mailing Address
6542 HYPOLUXO RD SUITE 307 LAKE WORTH, FL 33467	6542 HYPOLUXO RD. ST.307 LAKE WORTH, FL 33467

REINSTATEMENT 98-99

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
6542 HYPOLUXO RD.	6542 HYPOLUXO RD.
~~Suite~~ Apt. #, etc. 307	Suite, Apt. #, etc 307
City & State LAKE WORTH FL	City & State LAKE WORTH FL
Zip / Country 33467 / USA	Zip / Country 33467 / USA

4. Date Incorporated or Qualified To Do Business in Florida: NOVEMBER 10, 1997

5. FEI Number: 65-0799464 ☐ 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
P/T/S/ D/C	DAVID W. BROWER	6228 CANSDOWNE CIRCLE	BOYNTON BEACH, FL 33437
T	JOSEPH P. MOORE	17680 OAKWOOD AVE	BOCA RATON, FL 33487
T	JOHN WHITEHEAD	12070 OLD COUNTRY RD	WELLINGTON, FL 33414
			400000290084 74----8 -06/17/99--01006--005 ****297.50 ****297.50
			LS

8. Name and Address of Current Registered Agent

JOHN W. SHELTON
340 ROYAL POINCIANA PLAZA
PALM BEACH, FLORIDA 33480

9. Name and Address of New Registered Agent

Name: DAVID W. BROWER
Street Address (P.O. Box Number is Not Acceptable): 6542 HYPOLUXO RD.
Suite, Apt. #, Etc: 307
City: LAKE WORTH | State: FL | Zip Code: 33467

CR2E081 (12/98)

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: David W. Brower
REGISTERED AGENT MUST SIGN

Date: JUNE 7, 1999

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: David W. Brower, DAVID W. BROWER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 7, 1999 (561)733-5551
Date / Daytime Phone #