

Postal Money Order # ~~05782148313~~
05782148313

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -7 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N980000001249**

1. Corporation Name

Palm Glades Parent Group Inc.

2. Principal Office Address

850 Palm Glades Drive

Suite, Apt. #, etc.

City & State

Belle Glade Florida

Zip **33430**

Country

US of America

3. Mailing Office Address

850 Palm Glades Drive

Suite, Apt. #, etc.

City & State

Belle Glade Florida

Zip

33430

Country

US of America

4. Date Incorporated or Qualified
To Do Business in Florida

03/02/98

5. FEI Number

65-0840192

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Nefertari T. Dailey

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

20 Everglades Street

Suite, Apt. #, Etc.

City

Belle Glade

State
FL

Zip Code
33430

700024498027

11/07/03--01005--016 **245.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **Sept 29, 2003**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Nefertari T. Dailey	20 Everglades Street	Belle Glade, Florida 33430
Vice res.	Nathaniel Smith	300 N. W. 11th Str. lot #7	Belle Glade, Florida 33430
Secretary	Sherry D. Hicks	1508 Glades Glen Drive	Belle Glade, Florida 33430
Treasurer	Donnia F. Johnson	1411 South West Ave. H.	Belle Glade, Florida 33430

10. 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

Sept 29, 2003

Daytime Phone #

(561) 996
9708

CR2E081 (10/02)