

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 FEB 24 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **198000006282**

1. Corporation Name

**PALM BEACH TRAFFIC LAWYERS Association,
INC.**

2. Principal Office Address - No P.O. Box #

12365 Colony Preserve Dr

Suite, Apt. #, etc.

3. Mailing Office Address

411 E. Hillsboro Blvd

Suite, Apt. #, etc.

City & State

Boynton Bch FL

City & State

DEERFIELD Bch FL

Zip

33436

Country

USA

Zip

33441

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

651004446

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

Carman J. Leon Jr DA

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

411 E. Hillsboro Blvd

Suite, Apt. #, Etc.

City

Deerfield Bch

State

FL

Zip Code

33441

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date

2/19/19

REGISTERED AGENT MUST SIGN

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.	Carman J. Leon Jr	12365 Colony Preserve Dr	Boynton Bch FL 33436
Sec	SARA Diekmann	261 SW 32nd Ave	Deerfield Bch FL 33442

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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 contained in Chapter 119, 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:

Carman J. Leon Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/19/19

Daytime Phone #

561 305 1500

2/24/19