

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
02 MAR -4 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #N99000001265

1. Corporation Name  
**STORM OF '28 MEMORIAL PARK COALITION, INC.**

2. Principal Office Address  
**1607 40TH STREET**

Suite, Apt. #, etc. **# 10NE)**

City & State  
**WEST PALM BEACH, FL.**

Zip **33407** Country **U.S.A.**

3. Mailing Office Address  
**P.O. Box 2186**

Suite, Apt. #, etc.

City & State  
**WEST PALM BEACH, FL.**

Zip **33402** Country **U.S.A.**

**REINSTATEMENT**

**00.02**

4. Date Incorporated or Qualified  
To Do Business in Florida **JANUARY 14, 1999**

5. FEI Number  
**65-0904175**

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 **ROBERT HAZARD**

**200005134202--8**

**-03/19/02--01044--016**

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

**1607 40TH STREET**

**\*\*\*\*358.75 \*\*\*\*358.75**

Suite, Apt. #, Etc.

City  
**WEST PALM BEACH**

State  
**FL** Zip Code  
**33407**

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 **Robert Hazard**  
REGISTERED AGENT MUST SIGN

Date **FEB. 25, 2002**

**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
<b>PRES.</b>	<b>JOHN STROMAN</b>	<b>634 15TH STREET</b>	<b>WEST PALM BEACH, FL. 33401</b>
<b>TREAS.</b>	<b>JAMES DRAYTON</b>	<b>506 NORTHWOOD AVE.</b>	<b>WEST PALM BEACH, FL. 33407</b>
<b>EX. DIR.</b>	<b>ROBERT HAZARD</b>	<b>1607 40TH STREET</b>	<b>WEST PALM BEACH, FL. 33407</b>
<b>D</b>	<b>WILLIAM M. HOLLAND JR.</b>	<b>520 17TH STREET</b>	<b>WEST PALM BEACH, FL. 33407</b>
<b>D</b>	<b>JOHN IRWIN</b>	<b>2840 CYNTHIA LANE #111</b>	<b>LAKE WORTH, FL. 33461</b>
<b>D</b>	<b>PRISCILLA KRUIZE</b>	<b>P.O. Box 570327</b>	<b>MIAMI, FL. 33257-0327</b>
<b>SEC.</b>	<b>DOROTHY HAZARD</b>	<b>1607 40TH STREET</b>	<b>WEST PALM BEACH, FL. 33407</b>

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: **Robert Hazard** **ROBERT HAZARD** **02-25-02** **(561) 881-8298**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)