

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

Page 6k

FILED

02 APR 24 AM 9:07
02 APR 24 AM 9:07

SECRETARY OF STATE
SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000040035

1. Corporation Name

FOSTER ENTERPRISES OF PALM BEACH, INC

Principal Place of Business

1192 W. FERNLEA DR.
WEST PALM BEACH FL 33417

Mailing Address

1192 W. FERNLEA DR.
WEST PALM BEACH FL 33417

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/17/2000

5. FEI Number

65-1007194

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Pres / Secy Council	FOSTER	1192 W. FERNLEA DR W. PALM BEACH, FL	W.P. Bch, FL 33417

700005451147--5
-05/06/02--01002--003
****300.00 ****300.00

8. Name and Address of Current Registered Agent

FOSTER, SEAN
1192 W. FERNLEA DR.
WEST PALM BEACH FL 33417

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11/30/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SEAN FOSTER

11/30/01

561
719-7404

Pok 2/12

To Whom It May Concern:

I received a certificate of dissolution in the beginning of this month (November). I was not given prior notice and am shocked by the fee of \$600 for reinstatement. Please reinstate my incorporation as active and accept my check for \$150 as full payment. I will now be prepared in the future and will file the appropriate papers in a timely manner. However in this case I was not made aware of the need to file a status report.

Sincerely:



Sean Foster

~~Foster Enterprises of Palm Beach, Inc~~

561-719-7404



\$150

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

December 13, 2001

FOSTER ENTERPRISES OF PALM BEACH, INC
1192 W. FERNLEA DR.
WEST PALM BEACH, FL 33417

SUBJECT: FOSTER ENTERPRISES OF PALM BEACH, INC
Ref. Number: P00000040035

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please list the title(s) of each officer in your document.

Please list the street address of each officer/director.

Please note that an additional \$150 must be submitted to cover the fees for the year 2002 if your reinstatement is not returned prior to January 1, 2002.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott
Document Specialist

Letter Number: 301A00065583