

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY -2 PM 5:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000076811

1. Corporation Name

Palm Beach Medical Co.
9317 Nugent Trail
West Palm Beach, FL 33411

2. Principal Office Address

9317 Nugent Trail

Suite, Apt. #, etc.

3. Mailing Office Address

9317 Nugent Trail

Suite, Apt. #, etc.

City & State

West Palm Beach, Florida

City & State

West Palm Beach, Florida

Zip

33411

Country

USA

Zip

33411

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

August 8, 2000

5. FEI Number

65-1035449

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

Shannon Daigle

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

9317 Nugent Trail

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33411

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

Shannon W. Daigle

REGISTERED AGENT MUST SIGN

Date 3/28/05

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
PSTD	Shannon W. Daigle	9317 Nugent Trail	West Palm Beach, FL 33411

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:

Shannon W. Daigle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/05 (561) 312-5181

Date

Daytime Phone #

CR2E081 (01/05)

2/2

PALM BEACH MEDICAL CO.

9317 Nugent Trail
West Palm Beach, FL 33411
Phone Number: (561) 312-5181

March 28, 2005

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

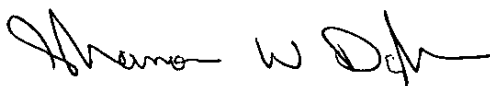
RE: Palm Beach Medical Co.
Document No.: P00000076811

To Whom It May Concern:

Enclosed please find a Corporation Reinstatement for Palm Beach Medical Co., Document Number: P00000076811. Also enclosed, please find check number 2564 issued to Department of State in the amount of \$150.00 which we believe to be the appropriate fee due to the fact that our office had moved therefore we never received the Annual Report.

Should you have questions, please do not hesitate to contact our office.

Very truly,



Shannon W. Daigle
President

Encls.