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The seal of the State of Florida is a circular emblem. It features a central figure of a woman, likely representing Justice or Liberty, holding a scale and a sword. The text "GREAT SEAL OF THE STATE OF FLORIDA" is inscribed around the top inner edge, and "IN GOD WE TRUST" is at the bottom.

DIVISION OF CORPORATIONS

ALATA PALM BEACH, INC.

340 ROYAL POINCIANA WAY SUITE 1C
PALM BEACH FL 33480

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

Country

04/16/2001

65-1096841

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)

[illegible]

8. Name and Address of Current Registered Agent

HAFT, STUART J ESQ
C/O ALLEY MAASS ROGERS & LINDSAY PA
321 ROYAL POINCIANA PLAZA
PALM BEACH FL

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	
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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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date _____

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.

LORRAINE MROCZKOWSKI

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

2052

10-24-02

TO WHOM IT MAY CONCERN;

ENCLOSED IS CHECK IN THE
AMOUNT OF \$150⁰⁰ DUE. THE
CORPORATION HAS NOT RECEIVED THE
TWO PRIOR UNIFORM BUSINESS REPORTS.

THANK YOU,

SINCERELY YOURS,

Lorraine Pruzkowski