

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 13 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000061240

1. Corporation Name

PALM BEACH TRAVELER RECREATIONAL VEHICLE PARK, INC

REINSTATEMENT 08-10

800175475738
04/13/10--01007--011 **300.00
800175475738
04/13/10--01007--010 **150.00
CR2E081 (11/09)

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

100 SHARON BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

LANTANA, FL

City & State

Zip

33462

Country

PALM BEACH

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/18/2001

5. FEI Number

65-1117204

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

WILLIAM HALLIDAY

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

100 SHARON BLVD

Suite, Apt. #, Etc.

City

LANTANA, FL

State

FL

Zip Code

33462

☒ 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

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
DP	PEARL HALLIDAY	7060 NW 126TH TERRACE	PARKLAND, FL 33076
DV	WILLIAM HALLIDAY	7060 NW 126TH TERRACE	PARKLAND, FL 33076

2/4/13

10. E-mail Address: NWOLFSON@WOLFSONASSOCIATES.COM

(To be used for future annual report notification)

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. I further certify, 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:

William Halliday

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/8/10

Daytime Phone #