

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000110543

1. Corporation Name

PLAYNATION OF PALM BEACH, INC.

Principal Place of Business

7423 LAKE WORTH ROAD
LAKE WORTH FL 33467

Mailing Address

7423 LAKE WORTH ROAD
LAKE WORTH FL 33467

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

11/19/2001

5. FEI Number

65-1153637

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



300008996633
11/14/02--01025--017 **150.00

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
D	GILCHRIST, JAMES P	8564 CYPRESS SPRINGS ROAD	LAKE WORTH FL 33467
D	ELIBRAHIMI, ABOUCHITA	10342 SANTIAGO STREET	COOPER CITY FL 33026

8. Name and Address of Current Registered Agent

AUERBACH, JAY E ESQ
2338 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

9. Name and Address of New Registered Agent

Name

ABOUCHITA ELIBRAHIMI

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

7423 LAKE WORTH ROAD

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33467

CR2E040 (8/02)

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

ABOUCHITA ELIBRAHIMI
REGISTERED AGENT MUST SIGN

11/06/02

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)(f), 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
ABOUCHITA ELIBRAHIMI

Date

Daytime Phone #

11/06/02

20f2



Play systems of Palm Beach

Inc.

ATTN: JIM SMITH
SECRETARY OF STATE

I ABONCHITA ELIBRAKIMI HAVE NEVER
RECEIVED ANY DOCUMENTATION FROM YOUR
OFFICE TO REINSTATE THE STATUS OF THE
CORPORATION. OUR ADDRESS IS

7423 LAKE WORTH ROAD
LAKE WORTH, FLA. 33467

PLEASE REINSTATE OUR CORPORATION
WE ARE SORRY FOR ANY INCONVENIENCES THAT
MAY HAVE OCCURRED.

Sincerely

ABONCHITA ELIBRAKIMI

Abonchita Elibrahimi V.P.