

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO 200011777

1. Corporation Name

PALM BEACH INSURANCE, INC.

FILED

04 JUL 19 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

14786 Horseshoe Trace

Suite, Apt. #, etc.

City & State

Wellington, FL

Zip

33414

Country

U.S.A.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

same

Zip

same

Country

same

REINSTATEMENT

08-04

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

November 1, 2002

5. FEI Number

20-1313929

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

Frank Bevacqua

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

14786 Horseshoe Trace

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33414

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**

[Signature]

Date 7-1-04

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
P/D	Frank Bevacqua	14786 Horseshoe Trace	Wellington, FL 33414

300022216953
07/20/04--01003--004 **300.00

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)(b), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-04 561-543-6611

Date

Daytime Phone #

CR2ED01 (01/04)

2052

Frank A. Bevacqua
14786 Horseshoe Trace
Wellington, FL 33414
(561) 793-1112

July 1, 2004

Florida Department of State
Division of Corporations
Tallahassee, FL

RE: Doc. No. PO2000117777
Palm Beach Insurance, Inc.


To Whom It May Concern:

Enclosed please find an application for reinstatement for the above named Corporation and a check for \$300, representing the annual fees for 2003 and 2004.

We are requesting a waiver of the \$600 reinstatement fee. We never received the 2003 report in the mail and we were not aware of the filing deadlines.

Thank you for your prompt response regarding this matter.

Sincerely,



Frank A. Bevacqua
Registered Agent
Palm Beach Insurance, Inc.