

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 OCT -3 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000066398

1. Corporation Name

PALM BEACH FINANCIAL MANAGEMENT CORP.

Principal Place of Business

Mailing Address **Same**

**250 S. Ocean Blvd., Apt. 15C
Boca Raton, FL 33432**

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

2. New Principal Office Address, If Applicable

250 S. Ocean Blvd.

3. New Mailing Office Address, If Applicable

250 S. Ocean Blvd.

Suite, Apt. #, etc.

#15C

Suite, Apt. #, etc.

#15C

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33432

Country

USA

Zip

33432

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/23/93

5. FEI Number

65-0437485

Applied For

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSID	FREDERICK M. HEIMBERG	250 S. Ocean Blvd., Apt. 15C	Boca Raton, FL 33432

REINSTATEMENT 96-97

400002315544--9
-10/08/97--01119--011
******915.00 ****915.00**

8. Name and Address of Current Registered Agent

**FREDERICK M. HEIMBERG
250 S. Ocean Blvd., Apt. 15C
Boca Raton, FL 33432**

9. Name and Address of New Registered Agent

Name
FREDERICK M. HEIMBERG
Street Address (P.O. Box Number is Not Acceptable)
250 S. Ocean Blvd.
Suite, Apt. #, etc.
Apt. 15C
City
Boca Raton

State
FL
Zip Code
33432

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.

Signature of
Registered Agent

Frederick M Heimberg

REGISTERED AGENT MUST SIGN

Date **10/1/97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Frederick M Heimberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frederick M. Heimberg, President

10/1/97

Date

(561) 338-7711

Daytime Phone #

CR2040 (12/96)