

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR **96**  
REINSTATEMENT



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

APPROVED  
AND  
FILED

96 NOV 18 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000014609**

1. Corporation Name

**25TH STREET SQUARE ASSOCIATES PALM BEACH, INC.**

Principal Place of Business

**2620 N. AUSTRALIAN AVE.  
SUITE 111  
WEST PALM BEACH FL 33407**

Mailing Address

**2620 N. AUSTRALIAN AVE.  
SUITE 111  
WEST PALM BEACH FL 33407**

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

**02/23/1994**

5. FEI Number

**65-0469081**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
<del>D</del>	<del>OLIN, FRANK</del>	<del>2620 AUSTRALIAN AVE</del>	<del>WEST PALM BEACH FL 33407</del>
<b>P/D</b>	<b>NAAR, CLAUDE</b>	<b>2620 AUSTRALIAN AVE</b>	<b>WEST PALM BEACH FL 33407</b>
			<b>500002010855--6</b>
			<b>-11/21/96--01026--019</b>
			<b>***375.00 ***375.00</b>

**REINSTATEMENT 1996**

*A. Alaw*

8. Name and Address of Current Registered Agent

~~OLIN, FRANKLIN D~~  
~~2620 N. AUSTRALIAN AVE.~~  
~~SUITE 111~~  
~~WEST PALM BEACH FL 33407~~

9. Name and Address of New Registered Agent

Name  
**CLAUDE NAAR**  
Street Address (P.O. Box Number is Not Acceptable)  
**2620 AUSTRALIAN AVE**  
Suite, Apt. #, Etc.  
**111**  
City  
**WEST PALM BEACH**  
State  
**FL**  
Zip Code  
**33407**

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

*Claude Naar*  
**REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

**11-13-96**

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:

*Claude Naar*  
**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**CLAUDE A. NAAR MD**

**11-13-96**

**561-655-657**

Date

Daytime Phone #