

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

①

FILED

JUN 16 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
OF
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

95-99AR

DOCUMENT # 994000030024

1. Corporation Name

North Palm Financial Group Co.

Principal Place of Business

Mailing Address

824 US Hwy One, Suite 210
N. Palm Beach, FL 33408

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

REINSTATEMENT 95-99AR

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

4/20/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

105-0469160

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
Pres.	Ralph A. Durante	824 US Hwy One Suite 210	North Palm Beach, FL 33408
V. Pres.	Barbara A. Durante	824 US Hwy One Suite 210	North Palm Beach, FL 33408

200002914982--8
-06/24/99--01101--027
***1350.00 ***1350.00

8. Name and Address of Current Registered Agent

Joseph Durante
825 Windemere Way
Palm Beach Gardens, FL
33418

9. Name and Address of New Registered Agent

Name Ralph A. Durante
Street Address (P.O. Box Number is Not Acceptable)
824 US Hwy One Suite 210
Suite, Apt. #, Etc.
City N. Palm Bch
State FL Zip Code 33408

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/7/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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 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. The obligations 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 provided 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

6/7/99
Date

917-775-1242
Daytime Phone #

CR2081 (12/98)

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

2

DOCUMENT #

1. Corporation Name

North Palm Financial Group Co.

Principal Place of Business

Mailing Address

824 US Highway One Ste. 210
N Palm Beach, FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

April 20, 1994

4. FEI Number

65-0469110

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Joseph Durante
825 Windermere Way
Palm Beach Gardens, FL
33418

81 Name Ralph A. Durante
82 Street Address (P.O. Box Number is Not Acceptable)
83 824 US Highway One
Suite 210
84 City N.P. Beach FL 85 Zip Code 33408

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	Ralph A. Durante	<input type="checkbox"/> DELETE
NAME	President	
STREET ADDRESS	824 US Highway One Ste 210/N.P. Beach, FL	
CITY-ST-ZIP	33408	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Barbara Durante	
STREET ADDRESS	824 US Highway One Ste. 210	
CITY-ST-ZIP	N.P.B. FL: 33408	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/99

Date

521

775-1242

Daytime Phone #

CR2E034 (11/98)