

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000087306

1. Corporation Name

PALM PLACE PROPERTIES, INC.

Principal Place of Business

1200 N. CONGRESS AVE.  
SUITE 100  
WEST PALM BEACH FL 33416

Mailing Address

PO BOX 16008  
WEST PALM BEACH FL 33416

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

2. New Principal Office Address, If Applicable

SUITE 203  
1800 OLD OKEECHOBEE RD  
City & State  
WPB FL

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/01/1994

5. FEI Number

65-0546784

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	RUSSELL, DONALD F	1800 OLD OKEECHOBEE R	WEST PALM BEACH FL
VP	RUSSELL, MARY T	1800 OLD OKEECHOBEE RD	WEST PALM BEACH FL 33409
T	SWEARINGEN, SHELLEY	1800 OLD OKEECHOBEE RD	WEST PALM BEACH FL 33409
S	SWEARINGEN, JOHN C	1800 OLD OKEECHOBEE RD	WEST PALM BEACH FL 33409

8. Name and Address of Current Registered Agent

DUNPHY, LINDA P  
1800 OLD OKEECHOBEE RD STE 203  
WEST PALM BEACH FL 33409

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*Linda Dunphy*  
REGISTERED AGENT MUST SIGN

Date 11/6/03

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

03 NOV 14 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 2003



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11/14/03--01005--014 \*\*750.00

CR2E040 (7/03)