APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
99 MAR 29 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000087973

1999

1 Corporation Name
D I T I OF PALM BEACH COUNTY,INC.
246 N. Congress Avenue,
Boynton Beach, Florida 33426

Mailing Address

Principal Place of Business
246 N. Congress Ave.
Boynton Beach, Fla. 33426

REINSTATEMENT 9-10-99

DO NOT WRITE IN THIS SPACE

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

2 New Mailing Address, if Applicable		3 New Principal Office Address, if Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4 Date Incorporated or Qualified To Do Business in Florida: 12/5/94

5 FEI Number: 65-0534349 — 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
Pres.	Herrmann, Richard E.	192 Greentree Road, Tonawanda, N.Y. 14150	
Secy	Hermann, Timothy	246 N. Congress Avenue Boynton Beach, Fla. 33426	

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8. Name and Address of Current Registered Agent

Timothy M. Hermann
246 N. Congress Ave.
Boynton Beach, Florida 33426

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number's 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.

Signature of Registered Agent: [signature] (REGISTERED AGENT MUST SIGN) Date: 3-23-99

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ See other side for additional information

12. 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

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further release the Division of Corporations from any liability of non compliance with Section 119.07(3)(i), in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Richard E. Herrmann 3-10-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #