

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

98 DEC 21 PM 5:10

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **PA5000005258**

1. Corporation Name

- Two Twenty-Two Eighty-Four, Inc.

W98-27067

Principal Place of Business

Mailing Address

**44 Coconut Row
 Palm Beach, Florida 33480**

REINSTATEMENT 97-98

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

2. New Principal Office Address, If Applicable

205 Royal Palm Way

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

205 Royal Palm Way

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

January 20, 1995

5. FEI Number

65-0552624

Applied For

Not Applicable

City & State

Palm Beach, Florida

City & State

Palm Beach, Florida

Zip

33480

Country

USA

Zip

33279

Country

USA

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
D,P,T	Novak, Judith S.	44 Coconut Row	Palm Beach, Florida 33480
D,P,T	Marquis, Lorraine	3919 S. W. Whispering Sound Drive	Palm City, Florida 34990
D,S	Port, Jennifer D.	One Dewart Road	Greenwich, Connecticut 06830
			000002720950--1 -12/23/98-01054-001 ****300.00 ****300.00
			<i>JG 12/21</i>

8. Name and Address of Current Registered Agent

**Marquis, Lorraine
 3919 S.W. Whispering Sound Drive
 Palm City, Florida 34990**

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.

Signature of Registered Agent

Lorraine Marquis
 REGISTERED AGENT MUST SIGN

Date **12-11-98**

11. This corporation owes or has paid 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 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:

Jennifer D. Port
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jennifer D. Port, Secretary

11/23/98 (203)661-6000

Date

Daytime Phone #

CR2000 (1/98)