

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 JUN -2 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000033055

1. Corporation Name

SAVOL OF FLORIDA, INC.

Principal Place of Business

11360 US HIGHWAY ONE
N. PALM BEACH FL 33408

Mailing Address

11360 US HIGHWAY ONE
N. PALM BEACH FL 33408



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

04/24/1995

5. FEI Number

65-0627660

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
PTD	LOVAS, STEPHEN	2283 MARSEILLES DR	PALM BEACH GARDEN FL 33410
SD	LOVAS, STEPHEN III	116 MANAQUA RD	FREEHOLD NJ 07728
			100003296961-9 -06/20/00-01045-012 ***908.75 ***908.75
			REINSTATEMENT 99-00 TS

8. Name and Address of Current Registered Agent

SAPIR, M. RICHARD
222 LAKEVIEW AV
SUITE 1400
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name

Vincent J. Acostino, Jr.

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

11360 US Highway One

Suite, Apt. #, Etc.

City

N. Palm Beach

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

4/26/00

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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/00

Daytime Phone #

561 624 786

CR2E040 (8/99)