

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT

DOCUMENT # P95000049668

1. Corporation Name

STRIP-O-GRAM OF THE PALM BEACHES, INC.

Principal Place of Business

816 SE 9 ST  
SUITE 202  
DEERFIELD BEACH FL 33441

Mailing Address

816 SE 9 ST  
SUITE 202  
DEERFIELD BEACH FL 33441

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



REINSTATEMENT 1998-1999

4. Date Incorporated or Qualified To Do Business in Florida

06/23/1995

5. FEI Number

65-0591070

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	DIVENCENZO, KENNETH B	816 SE 9 ST SUITE 202	DEERFIELD BEACH FL 33441

600002787956 -2  
-02/25/93--01100--008  
\*\*\*300.00 \*\*\*300.00

8. Name and Address of Current Registered Agent

DIVENCENZO, KENNETH B  
816 SE 9 ST  
SUITE 202  
DEERFIELD BEACH FL 33441

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

*Kenneth B. Divencenzo*  
REGISTERED AGENT MUST SIGN

Date 11-16-98

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:

*Kenneth B. Divencenzo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/16/99

(Daytime Phone #)

CR2E040 (9/98)