

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

1996 NOV 26 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000050576**

1. Corporation Name

PALM BEACH STAIRS & WOODWORKS, INC.

Principal Place of Business

Mailing Address

3530 INVESTMENT LANE
SUITE 3
RIVIERA BEACH FL 33404

3530 INVESTMENT LANE
SUITE 3
RIVIERA BEACH FL 33404

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

07/17/95

5. FEI Number

65-0597109

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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	SCHNOLL, JACK M	3530 INVESTMENT LANE, SUITE 3	RIVIERA BEACH FL 33404

000002016510--6

-12/02/96--01005--001

****375.00 ****375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAYNOR, JEFFREY S
14155 U.S. HIGHWAY ONE
SUITE 304
JUNO BEACH FL 33408

Name

SCHNOLL, JACK M.

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

3682 TOLLHOUSE DRIVE

Suite, Apt. #, Etc.

Palm Beach Gardens

State

FL

Zip Code

33410

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

Jeffrey S. Raynor

REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/25/96

11. 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.)

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)(f), 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:

Jeffrey S. Raynor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/96

Date

26-863-1050

Daytime Phone #