PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

H01000117448

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000020634

1 Corporation Name
FH OF PALM BEACH, INC.

Principal Place of Business:	Mailing Address
251 Sunrise Avenue Palm Beach FL 33480	251 Sunrise Avenue Palm Beach FL 33480

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

REINSTATEMENT 01

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

4. Date Incorporated or Qualified To Do Business in Florida: 03/06/1996

5. FEI Number: 65-0653953 (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
D	HEISE, ALLEN W.	251 Sunrise Avenue	Palm Beach, FL 33480
D	FAZIO, JAMES M.	251 Sunrise Avenue	Palm Beach, FL 33480

8. Name and Address of Current Registered Agent

Allen W. Heise
251 Sunrise Avenue
Palm Beach Fl. 33480

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 above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Allen W. Heise — REGISTERED AGENT MUST SIGN — Date: 11/1/01

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.

AD

SIGNATURE: 11/1/01

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

Allen W. Heise, Director

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : EDWARDS & ANGELL
Account Number : 075410001517
Phone : (561)833-7700
Fax Number : (561)655-8719

CORPORATION REINSTATEMENT

FH OF PALM BEACH, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$750.00