

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

1998 JAN 20 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000095161

1. Corporation Name

PALAZZO MEDITERRANEO CORPORATION

Principal Place of Business

241 ROYAL PALM WAY
PALM BEACH FL 33480

Mailing Address

241 ROYAL PALM WAY
PALM BEACH FL 33480

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

52-2016376

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PSTD	MARINO, AGOSTINO	3401 MANOR ROAD	HUNTINGDON VALLEY, PA 19006
			200002407612--5 -01/21/98--01126--003 ****750.00 ****750.00
			200002407612--5 -01/21/98--01126--004 ****165.00 ****165.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

GORZECK, RANA M
100 W. CYPRESS CREEK ROAD
SUITE 910
FORT LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

Name
EMO Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
100 N.E. 3rd Ave.
Suite, Apt. #, Etc.
Suite 1100
City
Fort Lauderdale
State
FL
Zip Code
33301

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

Debra H. Christie, Asst Sec
REGISTERED AGENT MUST SIGN

Date 1/16/98

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:

Agostino Marino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-15-98

Daytime Phone #

CR2E040 (8/97)