

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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

AND  
FILED

1998 FEB 12 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P96000100820

1. Corporation Name

WEST PALM CONVENTION SERVICES, INC.

Principal Place of Business	Mailing Address
18801 RIO VISTA DRIVE TEQUESTA, FL 33469	18801 RIO VISTA DRIVE TEQUESTA, FL 33469

800002432818-- 1  
-02/17/98 --01053--024  
\*\*\*\*\*908.75 \*\*\*\*\*908.75

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

2. New Principal Office Address, If Applicable 177 U.S. HIGHWAY 1 Suite, Apt. #, etc. SUITE 313 City & State TEQUESTA, FLORIDA Zip 33469 Country PALM BEACH		3. New Mailing Office Address, If Applicable 177 U.S. HIGHWAY 1 Suite, Apt. #, etc. SUITE 313 City & State TEQUESTA, FLORIDA Zip 33469 Country PALM BEACH		4. Date Incorporated or Qualified To Do Business in Florida DEC 13, 1996	
5. FEI Number 43-1598999				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES DIR	KENNY J. STEWART	177 U.S. HWY 1, STE 313	TEQUESTA, FL 33469
SECR	BROOKE LIGGETT	4933 EAST U.S. HWY 60	ROGERSVILLE, MO 65742

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

KENNY J. STEWART  
177 U.S. HIGHWAY 1  
SUITE 313  
TEQUESTA, FLORIDA 33469

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

REGISTERED AGENT MUST SIGN

Date 2-10-98

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)(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:

, PRESIDENT / DIRECTOR

Date

Daytime Phone #