

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

**FILED**  
 99 FEB -4 PM 2:48  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P97000084661**

1. Corporation Name

**1260 PALM BEACH LAKES, INC.**

Principal Place of Business	Mailing Address
1260 PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33401	1260 PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33401



**REINSTATEMENT 98.99 ad**

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

4. Date Incorporated or Qualified To Do Business in Florida  
 09/29/1997

5. FEI Number  
 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	COVEN, WALTER	1260 PALM BEACH LAKES BLVD.	WEST PALM BEACH FL 33401

9700002770829--7  
 -02/09/99--01134--010  
 \*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

**COVEN, WALTER**  
 1900 SKEES ROAD  
 WEST PALM BEACH FL 33411

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: *Walter Coven*  
 REGISTERED AGENT MUST SIGN

Date: \_\_\_\_\_

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

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)(b) 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: *Walter Coven*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/99  
 Date Daytime Phone #

CR2E040 (9/98)