

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10x2

APPLICATION FOR REINSTATEMENT

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

APPROVED
AND
FILED

98 DEC 24 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000094577**

1. Corporation Name

AROUND THE CLOCK DOOR SERVICE OF WPB, INC.

Principal Place of Business	Mailing Address
2426 BARCELONA OSTE W. PALM BEACH FL 33415	2426 BARCELONA OSTE W. PALM BEACH FL 33415

New Address Below 2524 Myrica Rd W. Palm Beach FL 33406

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
Suite, Apt. #, etc. 2524 Myrica Road	Suite, Apt. #, etc. 2524 Myrica Road	11/03/1997
City & State West Palm Beach FL	City & State West Palm Beach FL	5. FEI Number 65-0795780
Zip 33406	Country USA	6. CERTIFICATE OF STATUS DESIRED <input 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)			
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	BOOR, JEFFREY W	2426 BARCELONA OSTE 2524 Myrica Rd	W. PALM BEACH FL 33406
VP	Boor, Candace R.	2524 Myrica Rd	W. Palm Bch, FL 33406

4000002726434-1
-12/30/98-01065-001
****150.00 ****150.00
12/29

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BOOR, JEFFREY W 2426 BARCELONA OSTE W. PALM BEACH FL 33415	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State 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 [Signature] **SIGNATURE REQUIRED** Date 12-18-98

REGISTERED AGENT MUST SIGN

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 Candace R. Boor **CANDACE R. BOOR** Date 11/18/98 Daytime Phone # (561) 357-4678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2012

AROUND THE CLOCK DOOR SERVICE OF WPB, INC.

Myrica Road
West Palm Beach, FL 33406

November 18, 1998

Florida Department of State
Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee FL 32302-1500

RE: P97000094577

Dear Sir or Madam,

150.00
Enclosed please find a ~~\$750.00~~ payment for our annual report. We respectfully request an abatement of the additional penalty, since we mailed our original payment timely and never received a second notice. The original payment never cleared the bank, so it must have been lost in the mail. I believe we never received the second notice because we moved, see new address on annual report.

Thank you for your consideration. If you have any questions, please do not hesitate to call me.

Sincerely,

Candace R. Boor

Candace R. Boor
Vice President