

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 DEC 20 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000011248

1. Corporation Name

PALM BAY ASSOCIATES, INC.

Principal Place of Business

Mailing Address

% 820 MORRIS TURNPIKE  
SHORT HILLS NJ 07078

% 820 MORRIS TURNPIKE  
SHORT HILLS NJ 07078

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

02/04/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

~~52-2095807~~

Applied For Not

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

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	4 City / State / Zip
P/D	LEONARD WILF	820 MORRIS TPKE.	Short Hills, N.J 07010
T/D	ZIGMUND WILF	820 MORRIS TPKE	Short Hills NJ 07021
S/D	MARK WILF	820 MORRIS TPKE	Short Hills NJ 07021
Asst. Secy.	DAVID KIPPER	19061 A.E. Outer 1999 LA	Jupiter, FL 33458

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GILDAN, LAURIE L ESQ  
GREENBERT TRAUIG  
777 SOUTH FLAGLER DRIVE SUITE 300 E TOWER  
WEST PALM BEACH FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

500003083185--8

-12/29/99--01076--003

\*\*\*150.00 \*\*\*150.00

State Zip Code

500003083185--8

-12/29/99--01076--004

\*\*\*600.00 \*\*\*600.00

Date 10/25/99

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607-01076/003-01076-004

Signature of Registered Agent

*David Kipper*

REGISTERED AGENT MUST SIGN

11. 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*David Kipper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DAVID KIPPER

Date

Daytime Phone #

561 745-5410