

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
John H. Harris  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # P98000013651

1. Corporation Name

PILLOW PARLOR, INC.

FILED

99 NOV 19 PM 12: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

6600 GEORGIA AVE STE 5  
WEST PALM BEACH FL 33405

6600 GEORGIA AVE STE 5  
WEST PALM BEACH FL 33405



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

02/10/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0833665

Not Applicable

Zip

Country

Zip

Country

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	4. City / State / Zip
D	RABINWITZ, AL	24035 PALM GRASS DRIVE 6600 GEORGIA AVE	BOCA RATON FL 33428 W. Palm Beach, FL 33405
D	STAN, HOFFERT A	1140 N SOUTHLAKE DR 2113 Miami PD	HOLLYWOOD FL 33019 F. LAUD, FL 33316
			SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RABINWITZ, AL  
6600 GEORGIA AVE STE 5  
WEST PALM BEACH FL 33405

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*Al Rabinowitz*

Date

11/12/99

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

SIGNATURE:

*Al Rabinowitz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/99

954-925-6111

Date

Daytime Phone #

CR2E040 (6/99)