

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Pg. 1 of 2

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED

00 MAY 11 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000018784

1. Corporation Name

SECURITY LAMINATING OF THE PALM BEACHES, INC.

Principal Place of Business

Mailing Address

317 S. FEDERAL HWY  
STUART FL 34994

317 S. FEDERAL HWY  
STUART FL 34994



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

02/26/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0843613

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
Pres.	Joanne N. Schultz	64 S. SEWALLS PT RD STUART, FL 34994	STUART, FL 34996

000003273400--6  
-06/01/00--01050--021  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOHL, N. DEAN JR  
50 S.E. KINDRED ST., STE. 107  
STUART FL 34994

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 4-28-00

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joanne Schultz 4/28/00 283-7100  
Date Daytime Phone #

KE

**SECURITY LAMINATING  
of the Palm Beaches, Inc.**

4262 Northlake Boulevard  
Palm Beach Gardens, Florida 33410  
(561) 486-1854

April 28, 2000

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Security Laminating of the Palm Beaches, Inc  
FEI # 65-0843613

Dear Department of State:

In 1999 we were late in filing the UBR for Security Laminating of the Palm Beaches, Inc. The \$550 check we enclosed was deposited; however I am now told that not all the required information was completed on the report and that a letter was sent to us for correction. We never received a letter from the Department of State. I do not feel that I should now have to pay extra for reinstatement when 1) I did file last year, and 2) my check was deposited so I did pay for active status in 1999.

Please notify me as to your decision.

Sincerely,



Joanne Schultz  
President