

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 17 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000042662

1. Corporation Name

CASHMERE PALM BEACH, INC.

Principal Place of Business

Mailing Address

9A VIA PARIGI
PALM BEACH FL 33480

9A VIA PARIGI
PALM BEACH FL 33480

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



2001 UBR

4. Date Incorporated or Qualified
To Do Business in Florida

05/11/1998

5. FEI Number

65-0849857

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	SALVADOR, JAN	9A VIA PARIGI	PALM BEACH FL 33480

300004661303--7
10/31/01 01059 014
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SALVADOR, JAN
9A VIA PARIGI
PALM BEACH FL 33480

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

Jan Salvador
REGISTERED AGENT MUST SIGN

Date

10/15/01

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:

Jan Salvador
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/01 1.561-6595010

CR2E040 (8/01)

CASHMERE
PALM BEACH

Oct 15 '2001 ²⁰⁰¹

To whom it may concern,

I would like to apply for a waiver
on my dissolution of my corporation.

I to my knowledge, never received
the notices or renewal fees.

My mail has been a problem because
I have had to hold my mail at ^{at} Post office
because of on going cancer-health stops
at hospitals. Also my store has been closed
for the last 4 months.

Please accept my apology.

Jan Salvador
owner