

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 27 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000056847**

1. Corporation Name

PALACE OF EMERALD COAST, INC.

Principal Place of Business

1219 HWY 98
FT. WALTON BEACH FL 32548

Mailing Address

1219 HWY 98
FT. WALTON BEACH FL 32548

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/24/1998

5. FEI Number

Applied For
Not Applicable

6. 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	CHAIM, HERSHKOWITS	1219 HWY 98	FT. WALTON BEACH FL 32548
VP	CARMELI, ALON	1219 HWY 98	FT. WALTON BEACH FL 32548
ST	HERSHKOWITS, MICHELLE	1219 HWY 98	FT. WALTON BEACH FL 32548

8. Name and Address of Current Registered Agent

CADENHEAD, CHRIS
420 EAST PINE AVE.
CRESTVIEW FL 32539

9. Name and Address of New Registered Agent

Name **Lundy + Bowers, CPA, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
1584 S. Pearl Street
Suite, Apt. #, Etc.
City **Crestview** State **FL** Zip Code **32539**

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

David A. Bowers **CPA**
REGISTERED AGENT MUST SIGN

Date **10/14/99**

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: *Michelle Harris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/99 **(850) 244-3020**
Date Daytime Phone #

KE