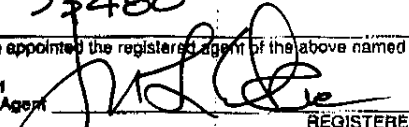
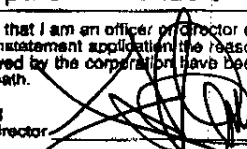


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 2000-010436		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS		DO NOT WRITE IN THIS SPACE FILED 01 MAY 22 PM 3:49	
Make Check Payable To: Department of State					
1. Name and Mailing Address of Corporation: DOCUMENT # 799000018084 ESTATES OF PALM BEACH, INC. 50 COCONUT ROW #220 PALM BEACH, FL. 33480			2. If Address in Block 1 is incorrect in any way, enter the correct address below: SECRETARY OF STATE TALLAHASSEE, FLORIDA Address: _____ City and State: _____ Zip Code: _____ 3. If Principle Office Address is different from mailing address, enter address below: MAILING ADDRESS P.O. BOX 2524 City and State: PALM BEACH, FL Zip Code: 33480		
4. Date Incorporated or Qualified To Do Business in Florida 2/25/00		5. FEI Number 65-0904583		6. \$8.75 Additional Fee required for a Certificate of Status 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)	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4
		JAMES L. COLE		8610 WHISPORE OAKS WAY WPB, FL	WEST PALM BEACH FLORIDA 33411
3000004481149--6 -07/17/01--01081--012 ****300.00 ****300.00 Jgm					
REGISTERED AGENT INFORMATION			9. If changed, new registered agent / office Name: _____ Street Address (Do NOT Use P.O. Box Number): 196 BAYVIEW RD Street Address (Do NOT Use P.O. Box Number): PALM BEACH, FL City: PALM BEACH State: FL Zip: 33208		
8. Name and Address of Current Registered Agent JAMES L. COLE, III 196 BAYVIEW RD PALM BEACH, FL 33480			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:  Date: 5/17/01 REGISTERED AGENT MUST SIGN		
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)					
13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director:  Date: 5/17/01 Daytime Phone #: 561-659-0040 Typed or printed name of signing officer or director: _____					