PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR ~~REINSTATEMENT~~ 2000-01U806

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 # P99000018084

ESTATES OF PALM BCH, 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

Address P.O. BOX 2524

City and State PALM BCH, FL Zip Code 33480

4. Date Incorporated or Qualified To Do Business In Florida 2/25/~~99~~ 00

5. FEI Number 65-0904583

FEI Number Applied For

FEI Number Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
VP/D	JAMES L. COLE	8610 WHISPERING OAKS WAY WPB, FL	WEST PALM BEACH FLORIDA 33411

300004481149--6
-07/17/01--01081--012
*****300.00 *****300.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

JAMES L. COLE, III
196 BAMAN RD
PALM BEACH FL
33480

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number) 196 BAMAN RD

Street Address (Do NOT Use P.O. Box Number) PALM BEACH, FL

City PALM BCH State FL. Zip 3328

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 _____

CR2E044 (1/99)