

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000026455

1. Corporation Name

CARL V. PALOMBA, INC.

Principal Place of Business

1940 OHIO ROAD  
LAKE WORTH FL 33467

Mailing Address

1940 OHIO ROAD  
LAKE WORTH FL 33467

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

2. New Principal Office Address, If Applicable

194 OHIO RD.

Suite, Apt. #, etc.

City & State  
Lake Worth, FL

Zip  
33467

Country

Palm Bch

3. New Mailing Office Address, If Applicable

194 OHIO RD

Suite, Apt. #, etc.

City & State  
Lake Worth, FL

Zip  
33467

Country

Palm Bch

4. Date Incorporated or Qualified  
To Do Business in Florida

03/16/1999

5. FEI Number

65-0593003

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
PSD	PALOMBA, CARL V	212 WALKER AVENUE	LAKE WORTH FL 33463

200008802502  
11/05/02--01029--025 \*\*150.00

8. Name and Address of Current Registered Agent

YEEND, JOHN  
1109 CONGRESS AVENUE  
WEST PALM BEACH FL 33406

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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

Date

Daytime Phone #

OCTOBER 26, 2002. <sup>PAGE 2 of 2</sup>

To Whom It May Concern:

I am submitting my check for \$150.00, for renewal of my Corporation.

Please be advised that we received this reinstatement notice, but to inform you that we never received the first notice - I did notice on the application form that the address is incorrect.

Please notice that correction on form.

all other information is correct.

Signed

A handwritten signature, possibly reading "D. J.", written in dark ink.