

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

Sep 28, 2004 8:00 A.M.
Secretary of State

DOCUMENT # P9900030162

1. Corporation Name

PALM BEACH TRASH^{and} TREASURES
INC.

500041815465
10/12/04--01035--021 **1050.00

2. Principal Office Address

150 BRADLEY PL.

3. Mailing Office Address

P.O. Box 732

Suite, Apt. #, etc.

104

Suite, Apt. #, etc.

City & State

PALM BEACH FL

City & State

PALM BEACH FL

Zip

33480

Country

U.S.A.

Zip

33480

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

651051252

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

150 Bradley SUZETTA SMALL

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

150 Bradley PL

Suite, Apt. #, Etc.

103

City

PALM BEACH

State

FL

Zip Code

33480

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Suzetta Small
REGISTERED AGENT MUST SIGN

Date

Sept 20 2004

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>PRES</u>	<u>PHYLLIS SMALL</u>	<u>150 Bradley PL</u>	<u>Palm Beach FL</u> <u>33480</u>
<u>Reg AGENT</u>	<u>SUZETTA SMALL</u>	<u>150 Bradley PL</u>	<u>Palm Beach FL</u> <u>33480</u>

10. 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:

See above

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-20-04

Daytime Phone #

561-833-2525

CR2E081 (01/04)