

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
~~REINSTATEMENT~~ **2000-01-06**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

PS/alc

01 FEB -5 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000043168**

1. Corporation Name

2456 PGA, INC.

Principal Place of Business

Mailing Address

2456 PGA BLVD
PALM BEACH GARDENS FL 33410

2456 PGA BLVD
PALM BEACH GARDENS FL 33410

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/12/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0924715

Not Applicable

Zip

Country

Zip

Country

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
D	DADDONO, JOHN	2456 PGA BLVD	PALM BEACH GARDENS FL 33410
D	PERNA, RALPH	2456 PGA BLVD	PALM BEACH GARDENS FL 33410

300003746203--0
02/21/01 01113 006
******300.00 ****300.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAROTHERS, BARRY
6650 W INDIANTOWN RD, SUITE 200
JUPITER FL 33458

Name

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

Suite, Apt. #, Etc.

City

State Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-28-00 (361) 762-4622

CR2E040 (8/00)

2456 PGA, Inc.
2456 PGA Boulevard
Palm Beach Gardens, FL 33410
561-762-4422

PG 2ab

Gold Bean Cafe

December 29, 2000

Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

RE: 2456 PGA, INC

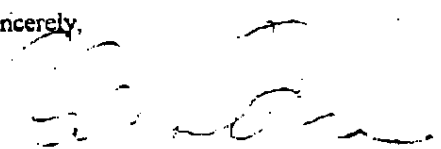
Dear Department:

Enclosed is the Annual Report for the above-referenced corporation along with our check for \$150 representing the annual filing fee.

We are requesting that the Florida Department of State waive any penalties for late filing for reasonable cause. Our business has been in turmoil during the past year as a result of construction in our plaza. Our mail was being forwarded for a period of time and we believe that the initial annual report must have been lost in the mail. Therefore, we never received it and the report was not filed.

We respectfully request that you accept this report as if it was timely filed. Thank you for your consideration.

Sincerely,


Ralph Perna
President