


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

04 FEB 26 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 899 0000 570 39

1. Corporation Name

A.P.S. of Palm Beach, Inc
6428 NW 172nd St
Alachua, FL 32615

2. Principal Office Address

6428 NW 172nd St

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Alachua, Florida

City & State

SAME

Zip

32615

Country

Alachua

Zip

SAME

Country

SAME

REINSTATEMENT

00-04

600029417346
02/26/04--01004--022 **1350.00

4. Date Incorporated or Qualified
To Do Business in Florida

06/22/99

5. FEI Number

65-0927306

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

Douglas C. McVay

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

619 - N. Dixie Hwy

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33460

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

Douglas C. McVay
REGISTERED AGENT MUST SIGN

Date 2-16-04

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
Pres	<u>Richard Cummings</u>	<u>6428 NW 172nd St</u>	<u>Alachua, FL 32615</u>
VP	<u>MARTIN CASTELLO</u>	<u>6428 NW 172nd St</u>	<u>Alachua, FL 32615</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:

Richard Cummings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-04 561-582-8725
Date Daytime Phone #

CR2E081 (01/04)