

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000061162**

1. Corporation Name

124 US Highway 1
Holding Corp.

2. Principal Office Address

124 US Highway 1
Suite, Apt. #, etc.

3. Mailing Office Address

124 US Highway 1
Suite, Apt. #, etc.

City & State

North Palm Beach, FL
33408 United States

City & State

North Palm Beach, FL
33408 United States

REINSTATEMENT 03

9000255-13779
12/17/03--01004--028 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

07-08-99

5. FEI Number

650933390

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

Karen J. Arvidson

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

124 US Highway One

Suite, Apt. #, Etc.

City

North Palm Beach

State

FL

Zip Code

33408

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

Karen J. Arvidson

Date 12-12-03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
P	Leah James	920 Lighthouse Dr.	North Palm Beach, FL 33408
V	Karen J. Arvidson	920 Laurel Dr.	North Palm Beach, FL 33408

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:

Karen J. Arvidson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-12-03 (wk: 561848-1500)

Date Daytime Phone #