

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

APPLICATION  
**2000 U.S.R**  
REINSTATEMENT

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P99000070017

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1. Corporation Name

NORMA BORGMAYER INCORPORATED

Principal Place of Business

Mailing Address

~~32 IRONWOOD WAY NORTH  
PALM BEACH GARDENS FL 33418~~  
5075 Woodland Lakes Drive  
Palm Beach Gardens, Fla. 33418

~~32 IRONWOOD WAY NORTH  
PALM BEACH GARDENS FL 33418~~  
5075 Woodland Lakes Dr.  
Palm Beach Gardens, Fla. 33418

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

08/06/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BORGMAYER, NORMA	<del>32 IRONWOOD WAY NORTH</del> 5075 Woodland Lakes Drive	PALM BEACH GARDENS FL 33418

700003491457--5

12/02/00-01027-012

\*\*\*\*150.00 \*\*\*\*150.00

AD

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHERER, KENNETH J ESQ  
712 U.S. HWY. ONE, STE. 400  
NORTH PALM BEACH FL 33408

Name

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

Suite, Apt. #, Etc.

City

State  
FL

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

REGISTERED AGENT MUST SIGN

Date 11-7-2000

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:

*Norma Borgmeyer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-6-00  
Date

(561) 694-0132  
Daytime Phone #

CR2E040 (800)

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NORMA BORGMEYER, INCORPORATED  
5075 Woodland Lakes Drive  
West Palm Beach, Florida 33408

November 6, 2000

Florida Department of State  
Katherine Harris, Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Madam:

I have received notice of my corporation being dissolved. I am hereby requesting a one-time waiver of the reinstatement fee due to the following reasons:

1. This was my first year in business and I was unfamiliar with the responsibility of filing a corporate annual report/uniform business report.
2. I had not received the notices which were previously sent. This may be due to the fact that I had moved in April of 2000 and there was a problem in receiving my mail to my new address.

I thank you for your consideration regarding this matter. If you require any additional information, I would be happy to provide it. My new address is 5075 Woodland Lakes Drive, Palm Beach Gardens, FL 33418 and my phone number is (561) 694-0132. I wish to remain an active corporation in the State of Florida and fully intend to carry out the responsibilities required of a corporation.

Sincerely,

*Norma Borgmeyer*

Norma Borgmeyer, Inc.  
Norma Borgmeyer, Director