

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUL 24 PM 3:23

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P99000072047

1. Corporation Name

Persia's Palace, Inc.

2. Principal Office Address

10 Largo way
Suite, Apt. #, etc.

3. Mailing Office Address

10 Largo way
Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

Zip

33426

Country

U.S.A.

Zip

33426

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

Aug. 12, 1999

5. FEI Number

65-0957377

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. Hale

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

10 Largo way

Suite, Apt. #, Etc.

City

Boynton Beach

State
FL

Zip Code

33426

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. Hale
REGISTERED AGENT MUST SIGN

Date 7-20-06

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>Karen Hale</u>	<u>10 Largo way</u>	<u>Boynton Beach, FL 33426</u>
V.P.	<u>Karen Hale</u>	<u>" "</u>	<u>" " 33426</u>
Secretary	<u>" "</u>	<u>" "</u>	<u>" " 33426</u>

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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 contained in Chapter 119, 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. Hale

Karen J. Hale

Date

7-20-06

Daytime Phone #

954-4613290