

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 16 PM 2:07

DOCUMENT # P99000092766

1. Corporation Name

Palace of East Florida, Inc.

521 Flagler Avenue
521 Flagler Avenue

2. Principal Office Address
521 Flagler Avenue

3. Mailing Office Address
521 Flagler Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
New Smyrna Beach, FL

City & State
New Smyrna Beach, FL

Zip
32169

Country
US

Zip
32169

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida 10/21/1999

5. FEI Number
59-3607226

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
Chaim Herskowits

Street Address (P.O. Box Number is Not Acceptable)
1079 Highway 98 East

Suite, Apt. #, Etc.

City
Destin

State
FL

Zip Code
32541

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**

REGISTERED AGENT MUST SIGN

Date 12/10/04

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
P	Alon Carmeli	521 Flagler Avenue	New Smyrna Beach, FL 32169
VP/S	Chaim Herskowits	521 Flagler Avenue	New Smyrna Beach, FL 32169
VP	Mordehay Amoyal	521 Flagler Avenue	New Smyrna Beach, FL 32169

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12/27/04--01002--008 **750.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/04
Date

8506852121
Daytime Phone #