

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

DOCUMENT # P99000108629

1. Corporation Name

PALACE PARTNERS OF SARASOTA, INC.

Principal Place of Business

Mailing Address

1343 MAIN ST., 7TH FLOOR  
SARASOTA FL 34236

1343 MAIN ST., 7TH FLOOR  
SARASOTA FL 34236

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/16/1999

5. FEI Number

05-0969889

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PRES.	STEVEN R. MATZKIN	1343 MAIN ST. 7TH FL.	SARASOTA, FL 34236
OFFICER	DAVID BERGER	7590 COMMERCE CT.	SARASOTA, FL 34243
"	SAMUEL C. LOGAN	1100 QUAL DR.	SARASOTA, FL 34231
"	MITCHELL OLAN	1343 MAIN ST. 7TH FL	SARASOTA, FL 34236
"	MAC VICK	P.O. Box 6119	SARASOTA, FL 34278
"	DENNIS CORONA	1343 MAIN ST 7TH FL	SARASOTA, FL 34236

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MATZKIN, STEVEN R  
1343 MAIN ST., 7TH FLOOR  
SARASOTA FL 34236

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

SIGNATURE OF REGISTERED AGENT

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



06-20-00 90014 031 \$550.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 17 PM 2:34

CR2E040 (8/00)

October 13, 2000

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

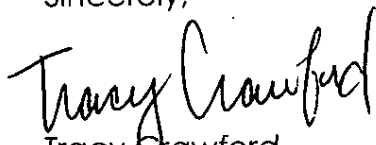
To Whom It May Concern:

Following is the letter requested to waive the late fees and a copy of cancelled check stating that information was mailed out on time.

Original form was mailed in June with necessary changes and according to your representative that we spoke with on Friday, October 13, 2000 the information was not reinstated. Please update files accordingly and send us confirmation that everything has been handled correctly.

If you have any questions, please contact me at (941) 955-3150. Thank you for your cooperation and prompt attention in this matter.

Sincerely,

  
Tracy Crawford  
Operations Manager