

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAR 19 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S01718

1. Corporation Name

Eaton Square, Inc.

2. Principal Office Address - No P.O. Box #

223 Sunset Avenue

Suite, Apt. #, etc.

Suite 230

City & State

Palm Beach, FL

Zip

33480

Country

USA

3. Mailing Office Address

P.O. Box 4297

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33402

Country

USA

800172649638
03/19/10--01040--014 **600.00

REINSTATEMENT 07-1D

4. Date Incorporated or Qualified
To Do Business in Florida

9/20/1990

5. FEI Number

65-0231692

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

L. Frank Chopin

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

223 Sunset Avenue

Suite, Apt. #, Etc.

Suite 230

City

Palm Beach

State

FL

Zip Code

33480

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 3/16/10

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
DS	L. Frank Chopin	223 Sunset Ave., Ste 230	Palm Beach, FL 33480
DP	Kathleen DuRoss Ford	223 Sunset Ave., Ste 230	Palm Beach, FL 33480

10. E-mail Address: john@frankchopin.com

(To be used for future annual report notification)

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. I further certify, 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 #