		PLEASE READ A	ALL INST	RUCTIONS	BEFORE (	COMPLET	ING THIS FO	RM.	
	PLICAT FOR STATE	ION	FLORID	A DEPARTME Sandra B. Mo Secretary of	NT OF STATE  rtham  State	APPROVED AND ALED			
DOCUMENT # S (143)						98 NOV 21 PM 2: 56			
1. Corporation Name FRED H. GELSTON, P.A. 215 Fifth Street, #300						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business  215 Fifth Street, #300 West Palm Beach, FL 33401  West Palm Beach, FL 33401  If above addresses are incorrect in any way, line through incorrect information and enter correction below.						<u>.</u>   	TATEME		
2. New Pri	215 Fig	Address, If Applicable	New Mailing Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida     6/21/91			
Suite, Apt.	300		Suite, Apt. #,	etc.		5. FEI Number Applied For			
City & State	West Pa	lm Beach, FL	City & State	<u> </u>			352545	Not Applicable	
Zip 33401 Coupaim Beach			Zip Country		ry	6. CERTIFICATE OF STATUS DESIRED Tor a Certificate of Status			
7. Names	and Street Ac	dresses of Each Officer and/o	r Director (Flo					·	
Title(s) Name of Officers and/or Directors 2				ĺ	reet Address of Each fficer and/or Director ise Post Office Box N	City / State / Zip			
D Fred H. Gelston				6911 S. Flager Dr. W. Palm Beach, FL 33405				ch, FL 33405	
•						3		996535 8-01090-023 .00 ****750.00	
1.									
8. Name and Address of Current Registered Agent Name						9. Name and Address of New Registered Agent			
Fred H. Gelston, Esq.						0 B . N			
ZIJ FIIII Street, 300						reet Address (P.O. Box Number is Not Acceptable)			
West Palm Beach, FL 33401					Suite, Apt. #, Etc.				
					City			State Zip Code	
10. I, being	appointed the	registered agent of the above	e named corpo	ratìon, am familiar w	ith and accept the ob	ligations of Section	on 607.0505, F.S.	_	
Signature of Registered A	igent	Jud A S	ISTERED AGE	ENT MUST SIGN			Date	5-28 m	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other site of fromation on intangible Action)									
12. 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 filling 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.									
SIGNAT		frank.	He	ales		11-22		86-3670	
	SK	NATURE AND TYPED OR PRINT	ED NAME OF SI	GNING OFFICER OR I	JIKECTOR		Date	Daytime Phone #	