

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 12 AM 10:50

DOCUMENT # **S87290**

1. Corporation Name

**DISTINCTIVE HOMES OF THE PALM
BEACHES, INC**

2. Principal Office Address

12765 W. FOREST HILL BLVD

Suite, Apt. #, etc.

1302

City & State

WOLLINGTON

Zip

33414

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FL

Zip

Country

REINSTATEMENT 99-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/14/91

5. FEI Number

65-0291892

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

MICHAEL H. NELSON, PRESIDENT

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

12765 W. FOREST HILL BLVD

Suite, Apt. #, Etc.

1302

City

WOLLINGTON

State

FL

Zip Code

33414

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

[Signature]

Date **6/7/00**

REGISTERED AGENT MUST SIGN

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	MICHAEL H. NELSON	12765 W. FOREST HILL BLVD #1302	WOLLINGTON, FL 33414
SIT	T. KEVIN PARKES	12765 W. FOREST HILL BLVD #1302	WOLLINGTON, FL 33414

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:

Michael H. Nelson, LCAM
President, Distinctive Homes

SIGNATURE OF OFFICER OR DIRECTOR OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

[Signature] **6/8/00**

Daytime Phone #

561-793-7266

CR2E081 (9/99)