

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 21 AM 11:59

DOCUMENT # V12667

1. Corporation Name

2001 PALM BEACH LAKES INC.

Principal Place of Business

2001 PALM BEACH LAKES BLVD  
SUITE 300  
WEST PALM BEACH FL 33405

Mailing Address

2001 PALM BEACH LAKES BLVD  
SUITE 300  
WEST PALM BEACH FL 33405

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2716 SOUTH DIXIE HWY

Suite, Apt. #, etc.

101

City & State

WEST PALM BEACH FL

Zip 33405

Country USA

3. New Mailing Office Address, If Applicable

2716 SOUTH DIXIE HWY

Suite, Apt. #, etc.

101

City & State

WEST PALM BEACH FL

Zip 33405

Country USA

REINSTATEMENT

19

4. Date Incorporated or Qualified  
To Do Business in Florida

02/04/1992

5. FEI Number

65-0316346

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVS	HAAS, JOSEPH	2001 PALM BEACH LAKES BLVD 300 2716 SOUTH DIXIE HWY	WEST PALM BEACH FL 33405
TD	HAAS, JOSEPH	2001 PALM BEACH LAKES BLVD 300 2716 SOUTH DIXIE HWY	WEST PALM BEACH FL 33405

500003029695--3  
-10/29/99--01084--023  
\*\*\*\*\*758.75 \*\*\*\*\*758.75

10/12/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAAS, JOSEPH

2001 PALM BEACH LAKES BLVD 2716 SO. DIXIE HWY  
SUITE 300, 101  
WEST PALM BEACH FL 33405 33405

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

REGISTERED AGENT MUST SIGN

Date Oct 19, 1997

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 #

561-366-8666

Mail this postcard to businesses and people who send you mail.

Please send mail to new address beginning: 10/1/99  
Month Day Year

2001 PALM BEACH LAKES INC.

My Name (Last name, first name, middle)

HAAS JOSEPH

OLD Complete Street Address or PO Box or Rural Route and RR Box

2001 PALM BEACH LAKES BVD

Apt./Suite #

101

City or Post Office

W. PALM BEACH

State

FL

ZIP or ZIP +4 Code

33409

NEW Complete Street Address or PO Box or Rural Route and RR Box

2716 SOUTH DIXIE HWY

Apt./Suite #

101

City or Post Office

WEST PALM BEACH

State

FL

ZIP or ZIP +4 Code

33405

NEW Telephone Number (Optional)

561-366-8666

Account Number (if applicable)

J. Haas

Signature

10/1/99  
Today's Date: Month Day Year