

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

00 OCT 16 PM 1:54

DOCUMENT # V69742

1. Corporation Name

PALM BEACH GAZETTE, INC.

Principal Place of Business

Mailing Address

1230 GATEWAY ROAD
LAKE PARK FL 33403
US

PO BOX 18469
W PALM BCH FL 33416
US

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

10/05/1992

5. FEI Number

65-0371450

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCEO	IVORY, GWENDOLYN R.	4773 RICHMOND NEWS	HAVERHILL FL 33415
			8000003433758--6
			-10/20/00--01065--025
			***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

IVORY, GWENDOLYN R
4773 RICHMOND MEWS
HAVERHILL FL 33415

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Gwendolyn R. Ivory
REGISTERED AGENT MUST SIGN

Date OCT. 12, 2000

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:

Gwendolyn R. Ivory
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT. 12, 2000 561-844-5501

Date

Daytime Phone #

CR2E040 (8/00)