

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPLICATION
 FOR
 REINSTATEMENT

FILED

98 MAR 17 AM 10:33

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N20944**
 1. Corporation Name
PALM BEACH COUNTY FOLK CLUB, INC.

Principal Person of Business Mailing Address
Sandra J. Marchman Sandra J. Marchman
691 Snead Cir. 691 Snead Cir.
W. Palm Beach, Fl W. Palm Beach, Fl
33413-1250 33413-1250

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
Sandra J. Marchman Sandra J. Marchman
 Suite, Apt. #, etc. Suite, Apt. #, etc.
691 Snead Cir. 691 Snead Cir.
 City & State City & State
W. Palm Beach, Fl W. Palm Beach, Fl
 Zip Country Zip Country
33413-1250 PalmBch 33413-1250 Palm Bch

4. Date Incorporated or Qualified
 To Do Business in Florida
06/14/1988
 5. FEI Number Applied For
65-0149937 Not Applicable
 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 97-98

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Sandra J. Marchman	691 Snead Circle	W. Palm Beach, Fl 33413
VP/D	Charlotte Carle	7 Harbour Drive South	Ocean Ridge, Fl 33435
S/D	Joyce Anderson	532 Overlook Drive	N. Palm Bch, Fl 33408
T/D	Susan Volk	709 Tradewind Drive	N. Palm Bch, Fl 33408

8. Name and Address of Current Registered Agent

Ström, Lindsay
4696 Brook Dr.
W. Palm Beach, Fl 33417

9. Name and Address of New Registered Agent

Name
Sandra J. Marchman
 Street Address (P.O. Box Number is Not Acceptable)
691 Snead Circle
 Suite, Apt. #, Etc.
 City State Zip Code
W. Palm Beach FL 33413-1250

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 **Sandra J. Marchman**
 REGISTERED AGENT MUST SIGN

Date **2/21/98**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

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 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: **Sandra J. Marchman** **Sandra J. Marchman** **2/21/98**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)