

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 11 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000047570**

1. Corporation Name

DAV EL OF PALM BEACH, INC.

Principal Place of Business

200 SECOND STREET
CHELSEA MA 02150

Mailing Address

200 SECOND STREET
CHELSEA MA 02150

REINSTATEMENT 02



500009444595
12/10/02--01106--003 **750.00

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		4. Date incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/11/2001	
City & State		City & State		5. FEI Number	
Zip		Country		06-1621154	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T/S/D	SCOTT Solombrino	200 Second Street	Chelsea, MA 02150

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
RASMUSSEN, ROBERT C 100 SOUTH ASHLEY DRIVE, SUITE 1300 TAMPA FL 33602		Name Robert Stankus	
		Street Address (P.O. Box Number is Not Acceptable) 40 Coconut Row	
		Suite, Apt. #, Etc. Suite 210	
		City Palm Beach	State FL
		Zip Code 33480	

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. or 617.0505, F.S.

Signature of Registered Agent *Robert Stankus* **SIGNATURE REQUIRED** Robert Stankus Date 12/9/02
REGISTERED AGENT MUST SIGN

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: *Scott Solombrino* **SIGNATURE REQUIRED** Scott Solombrino Date 12/9/02 Daytime Phone # 617-887-0800 x239

CR2ED40 (8/02)