		PLEASE BEAD	ALL INS	···· BUCTIO	ONS BEFORE C	OMPLET	ING THIS FOR	RM.		
PLEASE READ ALL INSTRUCTIONS BEFORE C APPLICATION FOR REINSTATEMENT PLEASE READ ALL INSTRUCTIONS BEFORE C LOUID DEPARTMENT OF STATE Sandra B. Mortham Scretary of State PRINSTATEMENT] .				
DIVIDION OF CONTRIBUTIONS										
DOCUMENT # \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						97 NOV 24 PM 4: 18				
PALM BROKERS, INC.						SECRETARY OF STATE TALLAHASSEE. FLORIDA				
Principal Place of Business Malling Address						į.				
C/O DAVID 207 W MOR BRANDON F US	gan Str L 33510	hipporroot in any way. Jing t	207 W MORG BRANDON FL US	C/O DAVID MCPEAKE 207 W MORGAN STR BRANDON FL 33510 US						
		Address, If Applicable			ress. If Applicable	4. Date Incorp To Do Busir	orated or Qualified ness in Florida	05/16/1989		
Suite Apr.	F, etc.	52	Suite, Apt. #	Suite, Apl. #_etc.			, <u></u>	Applied For		
City & State			City & State	·			59-2938294	Not Applica		
336	29/	Country	7380	BK	Shellow	6. CERTIFICATI	E OF STATUS DESIRED 🔲	\$8.75 Additional Fee req for a Certificate of Stat		
7. Names a	and Street A	ddresses of Each Officer an	d/or Director (Flo	rida nonprofit	corporations must list at lea Street Address of Each					
Titie(s)	Title(s) and/or Directors				Officer and/or Director 3 (De NOT Use Post Office Box Numbers)		City / State / Zip			
V HARRIS, DANNY H., SR.				270 GERMAN OAK DR.			CORDOVA TN			
Р	MCPEAKE, DAVID				RGAN STR		BRANDON FL			
٧	PHILLIPS, DAVID				rgan str		BRANDON FL			
8	TRAVIS, JO				AN OAK DR.		CORDOVA TN			
	8. Nar	ne and Address of Currer	it Registered Age	Spok	17 98243/0	0/5 \$55 9. Name and A	O (O) Address of New Registe	ered Agent	- E	
CHAREST, ROBIN 207 W MORGAN ST BRANDON FL 33510 Suite Apt. #, Etc.							is Not Acceptable)	N	CP2E040 (8/97)	
f-	annointed H	ne registered agent of the a	hous named someon	vation am for	City City	allocations of South		State Zip Gode FL 33639		
Signature of Registered		din Ch	PLE GISTE BED AG			onganons or soon	Date 11-13	3-97		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No										
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.										
SIGNAT		South William	Seme	OV	Chara ER OR DIRECTOR	か	11-13-97	901 645	707	

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