

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2008 NOV 21 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # N18209</b>					
1. Entity Name <b>PALM CHASE RESIDENT APPLIANCE SERVICE CORP.</b>					
Principal Place of Business <b>10755 PALM LAKE AVENUE BOYNTON BEACH, FL 33437</b>			Mailing Address <b>10755 PALM LAKE AVENUE BOYNTON BEACH, FL 33437</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		11102008 REIN-NP CR2E099 (1/07)	
Zip		Country		4. FEI Number <b>59-2745984</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>SILVERMAN, LEONARD</b> 10755 PALM LAKE AVENUE BOYNTON BCH., FL 33437			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					



<b>FILE NOW!!! FEE IS \$236.25</b> After January 1, 2009, Fee will be \$297.50		Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILVERMAN, LEONARD <input type="checkbox"/> Delete 10755 PALM LAKE AVENUE BOYNTON BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>400138180974</b> 11/21/08--01036--002 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KANDELL, MELVIN <input type="checkbox"/> Delete 10755 PALM LAKE AVENUE BOYNTON BEACH, FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERMAN, KITTY <input type="checkbox"/> Delete 10755 PALM LAKE AVENUE BOYNTON BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURKHOFF, IRVING <input type="checkbox"/> Delete 10755 PALM LAKE AVENUE BOYNTON BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 2em; font-weight: bold; text-align: center;">REINSTATEMENT 2008</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 2em; font-weight: bold; text-align: center;">[Signature]</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Betty Herman 11/18/08 561-737-7410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10755 Palm Lake Ave.  
Boynton Beach FL 33437  
November 18, 2008

Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

Gentlemen,

Enclosed is a corporation form and a check for \$61<sup>25</sup>. We never received the form for the annual filing of the corporation. We do not have our own office and many times our mail gets mixed with the condo mail. We would appreciate your waiver of the reinstatement fee.

Sincerely,  
Kitty Herman, Treas.  
Palm Chase Resident Appliance  
Service Corp.