PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 23 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38013

1. Corporation Name

VERO PALM ESTATES

REINSTATEMENT 02-03

900019854819
05/23/03--01087--017 **297.50

2. Principal Office Address	**3.** Mailing Office Address
1405 82nd Av #700 VERO BEACH, FL 32966	1405 82nd Av #700 VERO BCH, FL 32966
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 5/4/90

5. FEI Number 65-0187731 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: TAYLOR, JAMES A.

Street Address (P.O. Box Number is Not Acceptable): 5070 N. A1A

Suite, Apt. #, Etc.: #200

City: VERO BEACH, FL. | State: FL | Zip Code: 32966

8. I, being appointed the registered agent of the above named ~~corporation, am familiar~~ with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 4/20/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	PAUL STEPHENSON	1405 82nd Av #47	VERO Bch, FL 32966
SEC	ROBERT PATTEN	1405 82nd Av #8	VERO Bch, FL 32966
TREAS.	PAT DENBLEYKER	1405 82nd Av #263	VERO Bch, FL 32966
V.P. DIR.	ROBERT CLARK	1405 82nd Av #265	VERO Bch, FL 32966

10. 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: ROBERT PATTEN Robert Patten 04/24/03 772-794-0394

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

gn 5/30