

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 09 JUL 24 AM 8:26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

800158882508
 07/24/09--01036--012 **450.00

DOCUMENT # P06000030788
1. Corporation Name
 PLATINUM PALMS, INC

2. Principal Office Address - No P.O. Box # 377 SW 14TH AVENUE Suite, Apt. #, etc.		3. Mailing Office Address 377 SW 14TH AVENUE Suite, Apt. #, etc.	
City & State POMPANO BEACH, FLORIDA		City & State POMPANO BEACH, FLORIDA	
Zip 33069	Country USA	Zip 33069	Country USA

REINSTATEMENT 07-09
 SF22681 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida 3/01/06

5. FEI Number 20-469-245 **Applied For** Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$3.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name NINA S POTTER

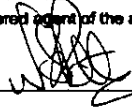
Street Address (P.O. Box Number is Not Acceptable)
377 SW 14TH

Suite, Apt. #, Etc.

City POMPANO BEACH **State** FL **Zip Code** 33069

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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** 7/20/09

REGISTERED AGENT MUST SIGN

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
PSD	GRANT JON POTTER	7860 NW 84TH AVENUE	PARKLAND, FL 33067
VTD	ALAIN TROADEC	7860 NW 84TH AVENUE	PARKLAND, FL 33067-

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 contained in Chapter 119, 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:  GRANT JON POTTER **Date** 7/20/09 **Daytime Phone #** 9549467544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JC 7/27