

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *lot*

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

01 NOV 14 PM 4:33

DOCUMENT # **P99000021770**

1. Corporation Name
PALMETTO PLACE, INC.

Principal Place of Business	Mailing Address
1114 E PALMETTO AVE MELBOURNE FL 32901	1114 E PALMETTO AVE MELBOURNE FL 32901



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 03/04/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3643134 APPLIED FOR	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BRACKETT, KIMBERLY A	1114 E PALMETTO AVE	MELBOURNE FL 32901

~~400004705224 2~~
 -12/05/01--01006--006
 ***150.00 ***150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JACOBY, DAVID H 1501 ROBERT J. CONLAN BLVD, N.E., SUITE 100 PALM BAY FL 32905		Name Thomas F. Flavin CPA Street Address (P.O. Box Number is Not Acceptable) 330 Fifth Ave Suite, Apt. #, Etc.	
		City Indianantic	State FL
		Zip Code 32903	

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.

Signature of Registered Agent *TZ* *DAJ* Date **10/30/01**
 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: *Kimberly A Brackett* Date **NOV 5.01** Daytime Phone # **321 725 0550**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (801)

2 of 2

 **THOMAS P. FLAVIN & ASSOCIATES, P.A.**
CERTIFIED PUBLIC ACCOUNTANTS

330 Fifth Avenue ■ Indianalantic, Florida 32903 ■ Tel. 321 / 725-4700 ■ Fax 321 / 725-0074

October 30, 2001

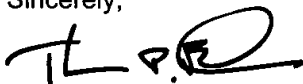
Florida Department of State
Division of Corporations
Annual Report Reinstatement
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Palmetto Place, Inc.
59-3643134
Document P99000021770

We are enclosing Application For Reinstatement for Palmetto Place, Inc. and a check for \$150.00. Kimberly Brackett, the sole shareholder, was ill for some time and has been permanently disabled since January 2001. During this same period she changed C.P.A. firms and this particular document did not get filed in a timely manner. You will see that the report was filed in a timely manner in previous years. Her circumstances have been very unusual this year, and we are asking that you accept this report with the fee as if filed by May 1.

Thank you for your understanding in this matter.

Sincerely,



Thomas P. Flavin, CPA