

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **S. 36457.**

1. Corporation Name  
**THE PALMS ON LAS OLAS, INC**

99 APR - 9 AM 10: 37

STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**1760 EAST LAS OLAS BLVD  
FORT LAUDERDALE  
FL. 33301**

**REINSTATEMENT** 25-CK1

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

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **1991**  
5. FEI Number **65-0253780**  
6. CERTIFICATE OF STATUS DESIRED  **\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
M	MICHAEL TRACE	309 BONTONA AVENUE	FORT LAUDERDALE FL 33301.

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name **MICHAEL TRACE / PALMS ON LAS OLAS INC**  
Street Address (P.O. Box Number is Not Acceptable) **1760 EAST LAS OLAS BLVD**  
Suite, Apt. #, Etc. **FL**  
City **FORT LAUDERDALE** State **FL** Zip Code **33301**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent   
REGISTERED AGENT MUST SIGN

Date **APRIL 5th 1999**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No

(See other side for information on intangible tax.)

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)(b), 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **MICHAEL TRACE**

(954)462 4178  
4/7/99  
Date Printed

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