

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 NOV -3 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10232008 REIN-P CR2E098 (1/07)

<b>DOCUMENT # V61263</b> 1. Entity Name <b>PALM OAKS TRAVEL, INC.</b>																													
Principal Place of Business <b>8530 SW 103RD ST RD OCALA, FL 34481 US</b>			Mailing Address <b>8530 SW 103RD ST RD OCALA, FL 34481 US</b>																										
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country																											
4. FEI Number <b>59-3138112</b>			Applied For <input type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input checked="" type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>																										
6. Name and Address of Current Registered Agent  <b>FUENTES, GLORIA 8530 SW 103RD ST RD OCALA, FL 34481</b>				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2009, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																										
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2008

10.30.08

(952)  
F.S. 607.193

| 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 607, 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:** *Gloria Fuentes*      10.30.08      (952)  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone # | | | | | |