

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 DEC -6 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 402616

1. Corporation Name

Palm Bay Colony INC.

2. Principal Office Address

2627 S. Bay Shore Dr.

Suite, Apt. #, etc.

Apt. 1901

City & State

Miami, FL

Zip

33233-1382

Country

USA

3. Mailing Office Address

P.O. Box 331382

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33233-1382 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

6/05/72

5. FEI Number

59-1470417

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

400082320074  
12/06/06--01039--006 \*\*300.00

**REINSTATEMENT 05-06**

CR2E081 (12/05)

**7. Name and Address of Current Registered Agent**

Name

BARRY WASSERSTROM

Street Address (P.O. Box Number is Not Acceptable)

5011 S. STATE Road 7

Suite, Apt. #, Etc.

Suite 107

City

DAVIE

State

FL

Zip Code

33314

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 12/4/06

**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
P	STANLEY ERSOFF	149 SHORE DR. West	Miami, FL 33133-2627

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY ERSOFF, Pres. 12/4/06

Date

Daytime Phone #

305-773-4963

P.O. Box  
Address changed as per telephone conversation  
with Stanley Ersoff 12/7/06

12/7

Stanley Ersoff  
Palm Bay Colony Inc.  
P.O. Box 450862  
Miami, FL 33245

December 4, 2006

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

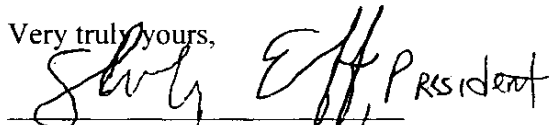
I am writing this letter to request a waiver of the reinstatement fee for Palm Bay Colony Inc., Document # 402616, FEI # 59-1470417.

I never received the annual report notice and just realized that the company was dissolved in 2005.

I am enclosing a check for \$300 for the Annual Report Fee and the Corporate Supplemental Fee for the years 2005 and 2006.

Please contact me if you need any further information.

Very truly yours,

  
Stanley Ersoff, President