PLEASE READ	ALL INSTRUCTION	ONS BEFORE C	OMPLETIN	G THIS FORM.		
APPLICATION REINSTATEMENT	FLORIDA DEPAR Katherir Secretar	TMENT OF STATE  THE HARRIS  TH		FILED CRETARY OF STAIL ION OF CORPORATE	· Ł	
DOCUMENT # 5670	99 OCT 13 PM 5: 54					
Jawel Of Palm P	seach Inc.					
Principal Place of Business	Mailing Address					
472 Forestview	•					
Atlantis, Fl. 334	62	:				
If above addresses are incorrect in any way, line the 2. New Principal Office Address, If Applicable	rough incorrect information and 3. New Mailing Office Add		Date Incorporat	ed or Qualified		
Suile, Apt. #, etc.	Suite, Apt. #, etc.	<del></del>	To Do Business 5. FEI Number	14r. 1 1978	Applied For	
City & State	City & State		59-1	803041	Not Applicable	
Zip Country	Zip	Country	6. CERTIFICATE OF		Additional Fee required Certificate of Status	
7. Names and Street Addresses of Each Officer and	3/or Director (Florida nonprofit	corporations must list at lea Street Address of Each				
Title(s) and/or Directors	3 (Do	Officer and/or Director NOT Use Post Office Box N	Director City / State / Zip			
Phis Jewel Littenberg V7 Sec. Edward Littenberg Theres	472	Forestview D	Dr.	Atlantis, FI Allantis, FI		
			os	00030189 -10/19/9901 *****150.00	3425 1088008 ****150,00	
			)	AG 10/18		
B. Name and Address of Current	Registered Agent		9. Name and Add	ress of New Registered Age		
		Name Street Address /P	O Boy Number is N	ot Acceptable)	(15/36)	
Laward Litterberg		Sulte, Apt. #, Etc.	s (P.O. Box Number is Not Acceptable)			
Atlantis F1 33462 City FL 33462					******8.75 ip Code	
10. I, being appointed the registered agent of the ab Signature of Registered Agent	ove named corporation, am far the legy EGISTERED AGEN MUST S	: :	_	007.0505, F.S. Date 10 10 99		
11. This corporation owes the Intangible Personal Prope		30. Yes		(See other side fo on intangib		
12. I certify that I am an officer or director or the rece this reinstatement application, the reason for diss owed by the corporation have been paid and the on this application is true and accurate, and my s	olution has been eliminated, the names of individuals listed on	ne corporate name satisfies this form do not qualify for a	the requirements of a an exemption under a	section 607.0401 or 617.0401	, F.S., that all fees	
SIGNATURE: LAUTE SIGNATURE AND TYPED ON PE	Edu HINTED NAME OF SKINING OFFICE	varel Littenbe	10/10	>   99	9641683 ne Phone #	

\ns · R	·Gram				
FROM:	Jewel of Palm	Beach Die	श्री किया	J: (GENTA)	SORERV.
	472 Forestvie	m Dr.			
	Atlantis, Fl. 3	3462		i i ibinia	
			ATEN	(A) DP = 2 4 3 1 3 3 3	
TO:	D651 01 316~	-norations	SUBJE	TOTAL CONTRACTOR OF THE STATE O	
	P 0 R 2 632	7		Annual	Report
	Tallahassee, F	1.32314			
MESSAGE					
	Enclosed is	the annua	I read a	nd *150.	oo fee
			<b>^ !</b>		
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REPLY					
,					
NDER - Keep folded at m Actams NC 387	yellow part - send white and pink parts narks proper address will tit window a	Intact. Ans · R ·	Gram #	CIPIENT - Detach stub. Keel folded at marks proper a	o white part. Return pink po ddress will fit window envek