2005 FOR PROFIT CORPORATION REINSTATEMENT

1/2

DOCUMENT # 586906

1. Entity Name
PALM FLORIST, INC.

FILED
05 DEC 13 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
111 N. PALM AVENUE PALATKA, FL 32177	111 N. PALM AVENUE PALATKA, FL 32177

11292005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt # etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
59-1861262
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SINGLETARY, RONALD 111 N PALM AVENUE PALATKA, FL 32177	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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: Ron Singletary Ron Singletary
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2006, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SINGLETARY, RONALD 111 N PALM AVE PALATKA, FL 32077, 32177	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100062120871 12/13/05--01036--013 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FARAG, RITA 111 N PALM AVE PALATKA, FL 32177	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 2005
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Ron Singletary Ron Singletary 12/13
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PALM FLORIST, INC.
111 N. PALM AVENUE (904) 328-2771
PALATKA, FLORIDA 32177

Dear Sirs:

We Recieved a Postcard telling us That our corp Has Been Dissolved. I do not Recall getting any notice Prior to this, & may Talk it would Have Been a Postcard, But cannot Say that I Recieved one. We Have Been in Business For Many years & Hope to Be For Many More, So I would not Try To Dodge any annual Fees necessary to operate our Business. If you need any mor info from me

Please call me at
386 328 2771 + ask For
Ron Singletary

Thank You