

2005 FOR PROFIT CORPORATION REINSTATEMENT

05 DEC 28 PM 2:18
FILED
TALLAHASSEE, FLORIDA

DOCUMENT # 649272

1. Entity Name
PALM CHEMICAL & EQUIPMENT COMPANY



Principal Place of Business
5146D WEST CYPRESS ST.
TAMPA, FL 33607 US

Mailing Address
PO BOX 18051
TAMPA, FL 33679



12212005 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
59-1963766

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

PRESSMAN, MALCOLM N.
4909 LYFORD CAY ROAD
TAMPA, FL 33629

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME PRESSMAN, MALCOLM N.
STREET ADDRESS 4909 LYFORD CAY RD
CITY-ST-ZIP TAMPA, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME PRESSMAN, RHODA
STREET ADDRESS 4909 LYFORD CAY ROAD
CITY-ST-ZIP TAMPA, FL

TITLE ☐ Change ☐ Addition
NAME 100062442211
STREET ADDRESS 12/28/05--01045--010 **150.00
CITY-ST-ZIP

TITLE V ☐ Delete
NAME PRESSMAN, RONALD N
STREET ADDRESS 4909 LYFORD CAY RD.
CITY-ST-ZIP TAMPA, FL 33629

TITLE ☐ Change ☐ Addition
NAME REINSTATEMENT 05
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

MALCOLM N. PRESSMAN

Date

Daytime Phone #

12/20/05

813-281-2721