

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 22 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



100024014941

10/22/03--01055--024 **150.00

DOCUMENT # **F01000005252**

1. Corporation Name

PALMER & CAY HOLDINGS, INC.

Principal Place of Business

Mailing Address

25 BULL STREET
SAVANNAH GA 31401

PO BOX 847
SAVANNAH GA 31402-0847

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/05/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-2645870

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	CROWLEY, F. MICHAEL	25 BULL STREET	SAVANNAH GA
V	EAGLE, C. STEVEN	25 BULL STREET	SAVANNAH GA
VD	HOFELE, DAVID M	25 BULL STREET	SAVANNAH GA
TD	LEHMAN, KAREN J	25 BULL STREET	SAVANNAH GA
CD	CAY III, JOHN E	25 BULL STREET	SAVANNAH GA

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Brian Courtney
Asst. V. Pres.

REGISTERED AGENT MUST SIGN

Date

10/21/03

11. 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 under section 119.07(3)(i), 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:

David M. Hofele

David.M. Hofele

10/17/03

912-231-6955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EQ40 (7/03)



Risk Management ■ Insurance ■ Compensation & Benefits

25 Bull Street (31401) ■ P.O. Box 847 ■ Savannah, GA 31402 ■ 912 . 234 . 6621 ■ Fax 912 . 234 . 5427 ■ www.palmercay.com

October 17, 2003

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

Re: Palmer & Cay Holdings, Inc.
F01000005252

Dear Sir/Madam:

This is to acknowledge that I received the Certificate of Administrative Dissolution on the above referenced corporation. This is to advise you that I did not receive the two prior UBR notices. My office filed a number of annual reports on line in late April and had I received the UBR notice this certainly would have paid with number of reports filed in late April.

I am enclosing the Application for Reinstatement, this letter and our check in the amount of \$150. Thank you for your assistance in this matter.

Sincerely,

Senior Vice President,
Secretary and General Counsel

DMH/jw