

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

102

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC -9 AM 8:00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # FD9210

1. Corporation Name

Palm Realty of Port St. Lucie, Inc.

REINSTATEMENT 03-04

MRLD

2. Principal Office Address

303 SE Port St. Lucie Blvd.

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St. Lucie, Fl.

City & State

Zip  
34984

Country  
St. Lucie

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-2067757

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name

Shirley Cherveney

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

2278 Olympic Club Terr.

Suite, Apt. #, Etc.

City

Palm City,

State  
**FL**

Zip Code  
**34990**

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

REGISTERED AGENT MUST SIGN

Date

**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/V/S/	Shirley Cherveney	2278 Olympic Club Terr.	Palm City, Fl. 34990

300043302283  
12/09/04--01028--023 \*\*300.00

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 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:

*Shirley Cherveney*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

**Palm  
reality**

of port st. lucie, inc.

303 S.E. PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34984

Telephone: (772) 873-3232  
Fax: (772) 871-9095

REALTORS 

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December 7, 2004

Department of State  
Div. of Corporations  
Reinstatement Office  
PO Box 6327  
Tallahassee, Fl. 32314

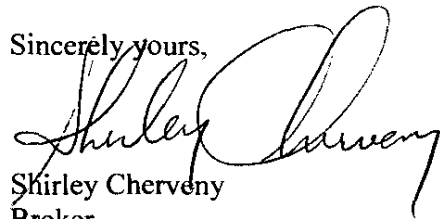
Re: FEI Number 59-2067757

To whom it may concern:

Please find enclosed check in the amount of \$300.00 to reinstate the Corporation of PALM REALTY OF PORT ST. LUCIE, INC. We are asking that you waive the \$600.00 fee as we did not receive the annual report for 2003 and 2004.

Thanking you in advance, we are

Sincerely yours,



Shirley Cherveney  
Broker

SC:mp

ENCLOSURE

PLEASE FIND ENCLOSED CHECK IN THE AMOUNT OF \$300.00 TO REINSTATE THE CORPORATION OF PALM REALTY OF PORT ST. LUCIE, INC. WE ARE ASKING THAT YOU WAIVE THE \$600.00 FEE AS WE DID NOT RECEIVE THE ANNUAL REPORT FOR 2003 AND 2004.