

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 SEP -5 AM 9:07
SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

DOCUMENT # F99000003343

1. Corporation Name
Palm Properties, Inc
CROSS Ref Palm Management, Inc.

200135418322
09/05/08--01038--005 **1500.00

2. Principal Office Address - No P.O. Box #
3597 San Carlos Dr

3. Mailing Office Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
St. James City, FL

City & State
FL

Zip Country
33956 US

Zip Country

REINSTATEMENT 03-08
CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida
6/1999

5. FEI Number
581846466
 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
Donna Cook
Street Address (P.O. Box Number is Not Acceptable)
3597 San Carlos Dr.
Suite, Apt. #, Etc.
City
St. James City
State
FL
Zip Code
33956

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

Have no record receipt.

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
Date 9/3/08
REGISTERED AGENT MUST SIGN

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
Pres	William D. Cook	3597 San Carlos Dr.	St James City, FL 33956
VP-Treas	Donna Cook	3597 San Carlos Dr.	St James City, FL 33956

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 contained in Chapter 119, 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: Donna Cook
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 9/3/08
Daytime Phone # 239-283-9162

9/9/08