

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
96 NOV 15 AM 7:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *K 27041*

1. Corporation Name
PALMETTO STANDARD - S.M., INC.

Mailing Address Principal Place of Business
*2701 NW 183 STREET
CAROL CITY, FL. 33056*

REINSTATEMENT *96*

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

2. New Mailing Address, If Applicable
2701 NW 183 STREET

3. New Principal Office Address, If Applicable
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

City & State
Carol City, FL

City & State

5. FEI Number
65-0059384

Zip
33056

Country
USA

Zip Country

6. CERTIFICATE OF STATUS DESIRED

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
<i>P/S</i>	<i>ADRIANA ROMANO</i>	<i>1000 VENETIAN WAY</i>	<i>MIAMI BEACH, FL.</i>

900002010309--0
-11/20/96--01108--010
***375.00 ***375.00

DB 11-19-96

8. Name and Address of Current Registered Agent
*ADRIANA ROMANO
2701 NW 183 STREET
CAROL CITY, FL. 33056*

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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.
Signature of Registered Agent *X* *[Signature]* REGISTERED AGENT MUST SIGN Date

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #