PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

K51463

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
'99 SEP 17 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K51463

1. Corporation Name
Palatial Properties, Inc.

Principal Place of Business: 207 Jasmine Lane, Longwood, FL 32779
Mailing Address:

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
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/15/88

5. FEI Number: 59-2919717 — Applied For / Not Applicable

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)

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PST	Roy Meadows	207 Jasmine Lane	Longwood, FL 32779

REINSTATEMENT 90-97

NJ 9-20-99

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***1992.50 ***1922.50

8. Name and Address of Current Registered Agent
Nelson Blackmore
495 1st Street
Geneva, FL 32732

9. Name and Address of New Registered Agent
Name: Roy Meadows
Street Address (P.O. Box Number is Not Acceptable): 207 Jasmine Lane
Suite, Apt. #, Etc.
City: Longwood State: FL Zip Code: 32779

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: Roy Meadows — REGISTERED AGENT MUST SIGN Date 8/16/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☑ — See other side for information on intangible tax.

12. 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 ... 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 ... 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: Roy Meadows (Roy Meadows) 8/16/99 407-788-2811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #