

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 DEC 18 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000012253

Name and Mailing Address

0013471 01 AT 0.292 \*\*AUTO T9 0 0615 33548-435640



PALM RENTAL, LLC  
18840 5TH STREET SW  
LUTZ FL 33548-4356



2. New Mailing Address

C/O HARRY H. RABB, CPA 935 MAIN ST. STE D-1

City, State, Zip  
SAFETY HARBOR, FL 34695

Principal Place of Business  
18840 5TH STREET SW  
LUTZ FL 33548

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida 07/23/2001

6. FEI Number  
59-3736628

Applied For  
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

RABB, HARRY H CPA  
935 MAIN STREET, STE D-1  
SAFETY HARBOR FL 34695

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*[Signature]* **SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 12/11/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	GARVEY, JAMES P	18840 5TH STREET SW	LUTZ FL 33548
MGR	VARSAMES, LOUIS J	7311 PELICAN ISLAND DR	TAMPA FL 33634

300025594893  
12/18/03-01020-004 \*\*150.00

**REINSTATEMENT**

03

*[Signature]*

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of  
Managing Member/Manager

Typed or printed name of signing Managing Member/Manager.

*[Signature]* **SIGNATURE REQUIRED**

Date 12/10/03

Daytime Phone # 727-725-4121