


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

NOV 13 AM 8:49

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000012908
 1. Corporation Name
BAHAMAS RESORTS LLC

BAHAMAS RESORTS LLC
 NAME CHANGE TO: PALM MANAGEMENT LLC

2. Principal Office Address
1802 North University

3. Mailing Office Address
1802 North University

Suite, Apt. #, etc.
#226

Suite, Apt. #, etc.
#226

CR2E081 (12/05)

City & State
PLANTATION FL

City & State
PLANTATION FL

Zip Country
33322 USA

Zip Country
33322 USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-1126391

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name
SAVITA KEZERLE

Street Address (P.O. Box Number is Not Acceptable)
1802-NORTH UNIVERSITY DR.

Suite, Apt. #, Etc.
UNIT #226

City
PLANTATION

State Zip Code
FL 33322

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
G.H.	SAVITA KEZERLE	1802-NORTH UNIVERSITY DR.	PLANTATION FL 33322
M.	SAVITA KEZERLE	1802-NORTH UNIVERSITY DR.	PLANTATION FL 33322

100081822541
 11/15/06--01052-005 **300.00

REINSTATEMENT
 03-06

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: [Signature] Date: 6 Nov 2006 Daytime Phone #: 518-4669972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR