

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

2003 DEC -4 PM 12: 25

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. **DOCUMENT #** L02000031088

Name and Mailing Address

0011715 01 AT 0.292 **AUTO T3 0 0615 33408-372819



PALMETTO PARTNERS, LLC
619 SHORE ROAD
N. PALM BEACH FL 33408-3728

700025201567
12/04/03--01005--012 **150.00



CR2E084 (7/03)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 619 SHORE ROAD N. PALM BEACH FL 33408		5. Date Organized or Qualified To Do Business in Florida 11/20/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number	Applied For Not Applicable
8. Name and Address of Current Registered Agent GUARCH, J.M. JR. 710 SOUTH DIXIE HIGHWAY C/O ARAN CORREA & GUARCH, P.A. CORAL GABLES FL 33146		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name		9. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)	
9. Name and Address of New Registered Agent City		9. Name and Address of New Registered Agent 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]* Date 12/1/03
REGISTERED AGENT MUST SIGN

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
MGRM	QUICKEL, GERALD	619 SHORE ROAD	N. PALM BEACH FL 33408
MGRM	FISHER, POWELL	2588 HIGHWAY 17 SOUTH	GARDEN CITY SC 29576
MGRM	GILBERT, DAVID	46 AVENUE NORTH	MYRTLE BEACH SC 29577

REINSTATEMENT 2003

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 *[Signature]* Date 12/1/03 Daytime Phone # 561-723-5136
Typed or printed name of signing Managing Member/Manager