

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 SEP 10 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000014158

1. Limited Liability Company's Name

The Palms, LLC

09/10/07--01003--007 **255.00
200109248662
09/10/07--01003--007 **255.00
CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

14601 Safe Landing Court

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 08221

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

Fort Myers, FL

Zip

33908

Country

US

Zip

33908

Country

US

4. State/Country of Formation

Florida/USA

**5. Date Organized or Qualified
To Do Business in Florida**

February 23, 2004

6. FEI Number

37-1413613

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

Name

Charles T. Bell, Jr.

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

14601 Safe Landing Court

Suite, Apt. #, Etc.

City

Fort Myers

State
FL

Zip Code
33908

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. 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**

REGISTERED AGENT MUST SIGN

Date August 23, 2007

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Charles T. Bell, Jr.	14601 Safe Landing Court	Fort Myers, FL 33908
MGR	Aurelia J. Bell	14601 Safe Landing Court	Fort Myers, FL 33908

REINSTATEMENT

11. 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**

Date 08/23/07

Daytime Phone # 239-482-1944

Typed or printed name of signing Managing Member/Manager