

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

2012 OCT 29 PM 3:00

DOCUMENT # L05000049825

1. Limited Liability Company's Name

Palms Properties LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 5995 Seminole Woods Drive		3. Mailing Office Address 5995 Seminole Woods Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Port Orange, FL		City & State Port Orange	
Zip 32127	Country USA	Zip FL	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 5/19/2005	
6. FEI Number 043816125	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name James W. Paytas, Sr			
Street Address (P.O. Box Number is Not Acceptable) 5955 Seminole Woods Drive			
Suite, Apt. #, Etc.			
City Port Orange	State FL	Zip Code 32127	

E-mail Address:
500240351285
10/02/12--01021--016 **937.50
jpayas@cfl.rr.com
(To be used for future annual report notices)

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: James W. Paytas Date: 9/28/12
REGISTERED AGENT MUST SIGN

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
Managing member	Stephen Paytas	5995 Seminole Woods Dr.	Port Orange, FL 32127
REINSTATEMENT-2007-2012			

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: [Signature] Date: 9/28/12 Daytime Phone #: 386-677-3431 ^{X287}

Typed or printed name of signing Managing Member/Manager: _____

C.S.