

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03/15/06

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # L35449</b>			
<b>1. Corporation Name</b>  Palm Harbour Shopping Center Acquisition Company, Inc.			
<b>2. Principal Office Address</b> 7587 Isla Verde Way  Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 7587 Isla Verde Way  Suite, Apt. #, etc.	
<b>City &amp; State</b> Delray Beach		<b>City &amp; State</b> Delray Beach	
<b>Zip</b> 33446	<b>Country</b> USA	<b>Zip</b> 33446	<b>Country</b> USA

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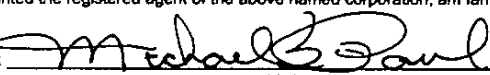
SECRET  
12/11/05

CR2E081 (12/05)

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 12/07/1989	
<b>5. FEEL Number</b> 650164166	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	


<b>7. Name and Address of Current Registered Agent</b>	
Name Michael S. Paul	
Street Address (P.O. Box Number is Not Acceptable) 7587 Isla Verde Way	
Suite, Apt. #, Etc.	
City Delray Beach	State FL
Zip Code 33446	

B3/23/06  
REINSTATEMENT 04-06

<b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.</b>	
Signature of Registered Agent 	Date 3/15/06
REGISTERED AGENT MUST SIGN	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
Director	Michael S. Paul	7587 Isla Verde Way	Delray Beach, FL 33446
Director	Stephen A. Levin	44 Coconut Row, Suite T-8	Palm Beach, FL 33480

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<b>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.</b>			
<b>SIGNATURE</b> 	<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> Michael S. Paul	<b>Date</b> 3/15/06	<b>Daytime Phone #</b> 561-496-0136

**Palm Harbour Shopping Center Acquisition Company, Inc.**

7587 Isla Verde Way  
Delray Beach, Florida 33446

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March 13, 2006

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: Document # L35449  
Palm Harbour Shopping Center Acquisition Company, Inc.

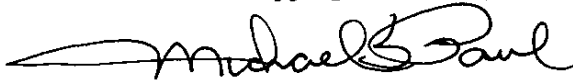
To Whom It May Concern:

Please waive the reinstatement fee since we did not receive an annual report notice in 2004 or thereafter.

Thank you for your assistance.

Sincerely,

Palm Harbour Shopping Center Acquisition Company, Inc.



Michael S. Paul  
Director

Corp-ph