

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 98-99
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # L55146

FILED

50 MAY 11 PM 6:50

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Corporation Name
FLORIDA PALMS, INC.

Principal Place of Business Mailing Address same
612 W. Vine Street
Kissimmee, FL 32741

REINSTATEMENT

98-99
7/11/99
5/11/99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable change to above Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida March 2, 1990	
City & State		City & State		5. FEI Number 59-3028938	
Zip		Country USA		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres., Sec., Treas., Sole Dir.	Johannes Smolders	25 MAURITSKA DE 3514 HD	The Haag, Netherlands

3000002883293--6
-05/24/99--01005--012
****900.00 ****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALBERT Bilderbeek
1600 SQUIBEL DRIVE
KISSIMMEE, FL 34741

Name ALBERT BilderBEEK
Street Address (P.O. Box Number is Not Acceptable)
1600 SQUIBEL DRIVE
Suite, Apt. #, Etc.

City
KISSIMMEE

State FL Zip Code 34741

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Albert Bilderbeek
REGISTERED AGENT MUST SIGN

Date 5/7/99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

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 is 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 due by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/99

Date Daytime Phone #