

# L94000000510

APPLICATION FOR  
REINSTATEMENT FOR  
LIMITED LIABILITY COMPANY



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 NOV 25 AM 8:59

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company

DOCUMENT # L94000000510

Palm Development Group, L.C.  
24626 IVORY CANE DRIVE  
Bonita Springs, FL 34134

1a. Principal Place of Business Address

24626 IVORY CANE DR  
~~BONITA SPRINGS~~  
BONITA SPRINGS, FL 34134

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

24626 Ivory Cane Dr

Suite, Apt. #, etc.

2a. Mailing Address

24626 Ivory Cane Dr

Suite, Apt. #, etc.

3. Date Organized or Qualified

9-21-94

3a. State of Formation

FLORIDA

4. FEI Number

65-0538314

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☒

City & State

Bonita Springs FL

Zip

34134

Country

USA

City & State

BONITA SPRINGS FL

Zip

34134

Country

USA

7. Name and Address of Current Registered Agent

JAMES Vogel  
3936 Tamiami TRAIL N.  
Suite B  
Naples, FL 34103

8. Name and Address of New Registered Agent

Name

Amy S PATE

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

24626 Ivory Cane Dr

Suite, Apt. #, etc.

City

Bonita Springs

Zip Code

FL

34134

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

11/11/98

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

Managing  
Partner

Russell F. BERZIN

24626 Ivory Cane Dr.

Bonita Springs FL  
34134

200002705322--0  
-12/08/98--01003--006  
\*\*\*\*697.50 \*\*\*\*697.50

REINSTATEMENT 1998

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

*[Signature]*

Date

11/11/98

Daytime Phone #

941-495-0151

Typed or printed name of signing Managing Member/Manager