

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

M0100000326

02 NOV - 8 AM 10:23

REINSTATEMENT 2002

1. DOCUMENT # M01000000326
Name and Mailing Address

0011352 01 SP 0.370 **SNGLP 0615 32541

PALM TREE INVESTMENTS, LLC
4450 SOUTHWINDS II DRIVE
DESTIN FL 32541



REINSTATEMENT 2002

CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation AR	
Principal Place of Business 4450 SOUTHWINDS II DRIVE DESTIN FL 32541		5. Date Organized or Qualified To Do Business in Florida 02/08/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 71-0848683	Applied For Not Applicable
8. Name and Address of Current Registered Agent EVANS, VICTOR 4450 SOUTHWINDS II DRIVE DESTIN FL 32541		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 800008896778 11/08/02--01118--002 **150.00 City FL Zip Code	

10. 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] Date 11.4.02
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	EVANS, VICTOR	4450 SOUTHWINDS II DR.	DESTIN FL

12. 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 11.4.02 Daytime Phone # 479-685 9102
Typed or printed name of signing Managing Member/Manager