

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 19 AM 7:54

1. **DOCUMENT # M01000000326**

Name and Mailing Address

0002514 01 AT 0.292 **AUTO T1 0 0615 32550-428850
PALM TREE INVESTMENTS, LLC
4450 SOUTHWINDS II DRIVE
DESTIN FL 32550-4288



2. New Mailing Address PO Box 490		4. State/Country of Formation AR	
City, State, Zip Bentonville AR 72712		5. Date Organized or Qualified To Do Business in Florida 02/08/2001	
Principal Place of Business 4450 SOUTHWINDS II DRIVE DESTIN FL 32541	3. New Principal Place of Business Address		6. FEI Number 71-0848683
City, State, Zip		Applied For <input type="checkbox"/> Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent EVANS, VICTOR 4450 SOUTHWINDS II DRIVE DESTIN FL 32541		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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]* **SIGNATURE REQUIRED** Date 4-14-04
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

000033102240
04/19/04--01081--005 **205.00

REINSTATEMENT 03-04
CWS

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]* **SIGNATURE REQUIRED** Date 4-14-04 Daytime Phone # 479-254-8734
Typed or printed name of signing Managing Member/Manager

CFR2E084 (7/03)