PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2009 FEB -3 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400142271574
01/28/09--01021--019 **516.25

CR2E041 (10/08)

DOCUMENT # M04000002244

1. Limited Liability Company's Name
PALM TREE FINANCIAL COMPANY LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
419 TRUMAN AVE	419 TRUMAN AVE
Suite, Apt. #, etc. #1	Suite, Apt. #, etc. #1
City & State KEY WEST, FL.	City & State KEY WEST FL
Zip 33040 Country USA	Zip 33040 Country USA

4. State/Country of Formation DELAWARE - USA

5. Date Organized or Qualified To Do Business in Florida 7/31/2003

6. FEI Number 83-0369095 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

Name RICHARD BIRNBAUM ESQ.
Street Address (P.O. Box Number is Not Acceptable) 17101 NE 19th Ave
Suite, Apt. #, Etc. SUITE 203
City NORTH MIAMI BEACH State FL Zip Code 33162

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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 Richard Birnbaum Date 1/21/2009
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	DAVID ROSSMAN	419 TRUMAN Ave #1	KEY WEST, FL 33040

REINSTATEMENT -07-08-09

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 1-29-09 Daytime Phone # 305-984-1911

Typed or printed name of signing Managing Member/Manager DAVID A ROSSMAN

C.L.