

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 OCT 20 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000004155

1. Corporation Name
THE PALMS NL CONDOMINIUM ASSOCIATION INC

2. Principal Office Address 124 N.E. 3rd
Pompano Beach 30523 STREET

3. Mailing Office Address
P.O. Box 30523

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State POMPANO BEACH, FL
~~FL LAUDERDALE, FL~~

City & State
FL. LAUDERDALE, FL

Zip 33060
33303

Country

Zip 33303

Country

4. Date Incorporated or Qualified
To Do Business in Florida 4.21.05

5. FEI Number

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

09/19/06 01007 011 35.00
CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

KIP FARRIS

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

124 NE 3rd ST.

Suite, Apt. #, Etc.

City

POMPANO BEACH

State
FL

Zip Code

33060

8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Handwritten Signature]

Date 9.27.06

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	ALAN ARONSON	708 SW 81 st AVE #5B	NORTH LAUDERDALE, FL 33068
VP/D	SANDRA FARQUHARSON	722 SW 81 AVE #10A	NORTH LAUDERDALE, FL 33068
O/Sec/T	DAVID RUMINER	2547 McKinley St	Hollywood, FL 33020

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10. 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 this 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 owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-1-06 954-263-6041

Date

Daytime Phone #