


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N99000002913		
1. Entity Name PALMER COMMUNITY DEVELOPMENT, INC.		

Principal Place of Business 2340 NW 184TH STREET MIAMI, FL 33056	Mailing Address 2340 NW 184TH STREET MIAMI, FL 33056
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. MIAMI, FL 33056	Suite, Apt. #, etc. MIAMI, FL 33056
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	
PALMER, CORA L 2340 NW 184TH STREET MIAMI, FL 33056	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE	DATE

FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PALMER, CORA L 2340 NW 184TH STREET MIAMI, FL 33056	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000042284410 10/28/04--01045--021 **70.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FORD, ESTELLA 9 BAHIA PLACE LOOP OCALA, FL 34472	TITLE NAME STREET ADDRESS CITY - ST - ZIP	THE Prior NOTICE WERE NOT RECEIVED
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WILLIAMS, MARVERNETTE 15735 NW 19TH AVE OPA LOCKA, FL 33056	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: DR. Cora Lee Palmer Pres - 10-23-04 - 305-694-5518	DATE: 10-23-04

FILED
04 OCT 28 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10222004 REIN-NP CR2E099 (6/04)

4. FEI Number 31-1660907	Applied For Not Applicable
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5. Certificate of Status Desired	\$8.75 Additional Fee Required
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