

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR -2 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 100 000020853

1. Corporation Name

PALM GLADE ACQUISITION CORP.

2. Principal Office Address

2000 S. MAIN ST

Suite, Apt. #, etc.

City & State

BELLE GLADEL

Zip

33430

Country

PALM BEACH

3. Mailing Office Address

671 N.E. 105TH ST

Suite, Apt. #, etc.

City & State

MIAMI SHORES

Zip

33138

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

2/29/00

5. FEI Number

65-1093804

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

LYNN C. WASHINGTON, ESQ. HOLLAND + KNIGHT, LLP.

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

701 BRICKELL AVE.

Suite, Apt. #, Etc.

STE 3000

City

MIAMI

State

FL

Zip Code

33137

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

SpMC-Wg

REGISTERED AGENT MUST SIGN

Date

2/23/04

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 | CHRISTOPHER J. HALL | 2843 S. BAYSHORE DR. # P3D | MIAMI FL 33137 |
| VP. | THOMAS R. JOHNSON | 21 HORIZON DR. | SARATOGA SPRINGS FL 32866 |
| S | FRANCIS R. DEWALD | 11192 N.W. 71ST CT. | PARKLAND FL 33076 |
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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 under section 119.07(3)(i), 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:

FRANCIS R. DEWALD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/04

Date

305-762-4301

Daytime Phone #

CR2E081 (01/04)