

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC -6 AM 11:38

DOCUMENT # P00000101723

1. Corporation Name

PALSCO, INC.

Principal Place of Business

Mailing Address

~~15201 DURNFORD DR~~
MIAMI LAKES FL 33014

~~15201 DURNFORD DR~~
MIAMI LAKES FL 33014

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

16425 BRIDGE END RD
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

16425 BRIDGE END RD
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/2000

5. FEI Number

65-1056768

Applied For

Not Applicable

City & State

MIAMI LAKES, FL

City & State

MIAMI LAKES, FL

Zip

Country

33014

U.S.A.

Zip

Country

33014

USA

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	LEE, PAUL A	15201 DURNFORD DR 16425 BRIDGE END RD	MIAMI LAKES FL 33014
DVST	LEE, LOURDES	15201 DURNFORD DR 16425 BRIDGE END RD	MIAMI LAKES FL 33014
D	LEE, TROY	15201 DURNFORD DR 16425 BRIDGE END RD	MIAMI LAKES FL 33014
			300004726263--6 -12/14/01--01035--001 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

LEE, PAUL A

~~15201 DURNFORD DR~~ 16425 BRIDGE END RD
~~MIAMI LAKES FL 33014~~ MIAMI LAKES, FL 33014

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Paul Lee

REGISTERED AGENT MUST SIGN

Date 10/19/01

11. 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:

Signature and Typed or Printed Name of Signing Officer or Director
L. Lee LOURDES LEE

Date

10/19/01 305-821-1728

Daytime Phone #

CR2040 (8/01)