

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P01000042118**

1. Corporation Name

**PALM SALES & MARKETING, INC.**

Principal Place of Business

5 RIVERDALE AVE  
ORMOND BCH FL 32174

Mailing Address

5 RIVERDALE AVE  
ORMOND BCH FL 32174

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/26/2001

5. FEI Number

59-3712068

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	FULLER, BRIAN	5 RIVERDALE AVE	ORMOND BCH FL 32174

REINSTATEMENT 03 TS

8. Name and Address of Current Registered Agent

FLORIDA STATE ACCOUNTING, INC.  
533 N NOVA RD STE 115  
ORMOND BCH FL 32174-4421

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

10/7/03

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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-7-03 3866717794

CR2E040 (7/03)

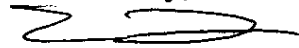
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Palm Sales and Marketing  
5 Riverdale Ave  
Ormond Beach, FL 32174

10-8-03

I am mailing this letter to state that I have not received the two prior uniform business report notices. I apologize for any inconvenience this may have caused. I am mailing this and my payment immediately and appreciate your patience. If this problem continues, I will change the mailing address to my accountant or get a P.O. box.

Sincerely,



Brian Fuller, CEO, *President*