PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 UBR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 22 AM 8:01

DOCUMENT # P01000067300

1. Corporation Name

**PALM LENDING CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| 725 NORTH HIGHWAY A1A<br>JUPITER FL 33477 | 725 NORTH HIGHWAY A1A<br>JUPITER FL 33477 |

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. 208E | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. Date Incorporated or Qualified To Do Business in Florida: 07/09/2001

5. FEI Number: 65-1124437 ☐ 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 |
|---|---|---|---|
| P | SALLABI, BEATRICE | ~~1000 NORTH U.S. ONE ELE 204~~ 34 CHESTNUT TRAIL | ~~JUPITER FL 33477~~ TEQUESTA, FL 33469 |
| VP | GERARD SCALF | 6215 MULLIN STREET | JUPITER, FL 33458 |
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8. Name and Address of Current Registered Agent

SALLABI, BEATRICE
725 NORTH HIGHWAY A1A STE 208E
JUPITER FL 33477

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

CR2E040 (8/02)

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: SIGNATURE REQUIRED Date: 10-21-02

REGISTERED AGENT MUST SIGN

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.

10/25/02
00

**SIGNATURE:** SIGNATURE REQUIRED Date: 10-21-02 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0066008 AV

725 North Hwy A1A, Suite E-208
Jupiter, FL 33477
Office: 561-744-7727
Fax: 561-744-2016

# Palm Lending Corporation

October 21, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To whom it may concern:

This letter is to inform you that we had not received your letter of renewal, possibly due to incorrect information. As per Shawn's instructions please see the attached form as to the correct address and information for your files as well as a fee of $150.

Thank you.

Yvonne Zentz
*Administrative Assistant*