PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P02000008786

1. Corporation Name

i	LED .
03 OCT 20	O PM 12: 53
TALLAHAS:	SEE, FLORID

PRIME PROPERTY OF THE PALM BEACHES, INC.						l I	COMBA	
			·	OI 120,				
Principal Pl	Principal Place of Business Mailing Address						<u> </u>	
226 S.W. 12	TH AVE.		226 S.W. 12T	1 AVE.				
DELRAY BEACH FL 33444 DELRAY BEAC			H FL 33444		REVEN	DIAIZMENI 03		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				correction below	04-02-03 90066 O41 \$ 150.00			
		ing Office Address, If Applicable		Date Incorporated or Qualified				
Suite, Apt. #, etc. Suite, Apt.			Suite, Apt. #	, etc.		To Do Business in Florida 01/25/2002		
City & State City &			City & State	ate		5. FEI Numbe	Applied For	
			<u> </u>		6.	Not Applicable \$8.75 Additional Fee required		
Zip 	Zip Country		Zip	Country		/ 	CERTIFICATE OF STATUS DESIRED of 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)	2 .	and/or Directore		eet Address of Each icer and/or Director		City / State / Zip		
D	BALLARD,	ALLARD, KEVIN 5361 CEDAR LAKI			E RD, APT 1314	BOYNTON BEACH FL 33437		
τ	VASQUEZ, VINCENT			5361 CEDAR LAKE RD, APT 1314				BOYNTON BEACH FL 33437
****		· · · · · · · · · · · · · · · · · · ·						
				<u> </u>	·			
					<u> </u>			
	j							
								Phioto
	8. Nam	e and Address of Curre	nt Registered Age	int ~~~	<u></u>		9 Name and	Address of New Registered Agent
Name Vices Library								
Street Address (F							is Not Acceptable)	
226 S.W. 12TH AVE, DELRAY BEACH FL 33444 Suite, Apt. #, Etc.							1300	
City QQI a							~1 R/L	State Zip Code FL R R R R R R R R R
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 Wasquey, Uin Centage Date 10-14-03								
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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 15,2003

DIVISION OF CORPORATIONS

<u>ANNUAL</u> REPORT/REINSTATEMENT SECTION PO BOX 6327

TALLAHASSEE FL. 32314-6327

RE: Kevin Ballard (Prime Property Of The Palm Beaches)

To Whom It May Concern:

I am writing to inform you that I did not receive the letter on April 14, 2003 that regarded the filing of my corporation's paper. Therefore, I was unable to make the necessary corrections before the deadline. Consequently, a fine in the amount of \$600 was imposed to reinstate my corporation. This fee should be waived as I had sent a \$150 check before the deadline without having received a letter requesting corporate reinstatement.

If you need any further information concerning this matter, please feel free to contact me at (561) 541-0132.

FID#T800028624

Sincerely,

Kevin Ballard

Prime Property Of The Palm Beaches