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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000027290

1. Corporation Name
RESIDENTIAL MANAGEMENT PALM BEACH INC.

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
9500 GRANITE RIDGE LANE	9500 GRANITE RIDGE LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BEACH, FL	City & State: WEST PALM BEACH, FL
Zip: 33411 Country:	Zip: 33411 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 03/12/2002

5. FEI Number: 02-0559276 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: A1A REGISTERED AGENT INC.

Street Address (P.O. Box Number is Not Acceptable): 92 SADBERRY RD.

Suite, Apt. #, Etc.:

City: QUINCY State: FL Zip Code: 32351

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: _____ Date: 11-30-04
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
C	ANTHONY J GAROFALO	9500 GRANITE RIDGE LANE	WEST PALM BEACH, FL 33411
PST	MICHAEL GAROFALO	9500 GRANITE RIDGE LANE	WEST PALM BEACH, FL 33411

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: _____ 11-30-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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DATE: 12-01-04

TO: **DIVISION OF CORPORATIONS**
REINSTATEMENT SECTION

FROM: **MICHAEL GAROFALO**
RESIDENTIAL MANAGEMENT PALM BEACH INC.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

We did not receive from you the Uniform Business Report during the years 2003, 2004.

Please file our reinstatement without charging the penalty.

If you have any questions please contact us at 800-494-3124.

Michael J. Garofalo

Thanks,

MICHAEL GAROFALO
RESIDENTIAL MANAGEMENT PALM BEACH INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

CORPORATION REINSTATEMENT

RESIDENTIAL MANAGEMENT PALM BEACH INC.

Certificate of Status	0
Certified Copy	0
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