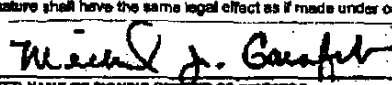


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SECRETARY OF STATE
FLORIDA

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.					
2. Principal Office Address 9500 GRANITE RIDGE LANE			3. Mailing Office Address 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 ☐				\$6.75 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 807.0608 or 817.0503, F.S.					
Signature of Registered Agent  Date 11-30-04					
REGISTERED AGENT MUST SIGN					
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 807 or 817, 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 807.0401 or 817.0401, 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)(b), 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:  Date 11-30-04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Daytime Phone #					

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01 Dec 2004 14:04

A1A#CORPORATE#SERVICES

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DATE: 12-01-04

TO: DIVISION OF CORPORATIONS
REINSTATEMENT SECTION

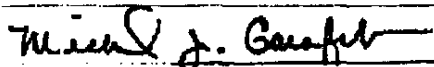
FROM: MICHAEL GAROFALO
RESIDENTIAL MANAGEMENT PALM BEACH INC.

FILED
04 DEC - 1 PM 2:36
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.



Thanks,

MICHAEL GAROFALO
RESIDENTIAL MANAGEMENT PALM BEACH INC.

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04 DEC -1 PM 2:36

Florida Department of State
Division of Corporations
Public Access System

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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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