

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY 27 PM 12:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000077706

**1. Corporation Name**

Palm Beach Cosmopolitan Living Inc.

Carlton Wallace  
18104 Glenmoor Drive

**2. Principal Office Address**

Carlton Wallace

**3. Mailing Office Address**

18104 Glenmoor Drive

Suite, Apt. #, etc.

18104

Suite, Apt. #, etc.

City & State

West Palm Beach

City & State

West Palm Beach

Zip

33409

Country

Palm Beach

Zip

33409

Country

Palm Beach

**4. Date Incorporated or Qualified**

To Do Business in Florida 7-17-2002

**5. FEI Number**

90-0177195

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

Carlton Wallace

Street Address (P.O. Box Number is Not Acceptable)

18104 Glenmoor Dr

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33409

**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

*Carlton Wallace*

REGISTERED AGENT MUST SIGN

Date

5/25/04

**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
CEO	Carlton Wallace	18104 Glenmoor Dr	West Palm Beach, FL 33409

**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

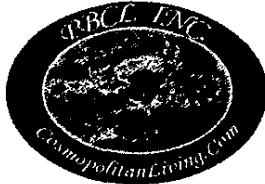
*Carlton Wallace* CARLTON WALLACE 5/25/04 478-7058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E08 (01/04)



*Palm Beach Cosmopolitan Living Inc. 931 Village Blvd, Suite 509 West Palm Beach, FL 33409  
Office (561) 478-7058 Fax (561) 478-7045 Info@CosmopolitanLiving.Com*

---

May 25, 2004

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

Dear Sir/Madam:

Please be advised that I first became aware of an inactive status for Palm Beach Cosmopolitan Living Inc on May 24<sup>th</sup> 2004. For reason unknown to me at this time, I did not receive the requested annual report. My mailing address has not changed and I will conduct an investigation on my end. My fictitious name is valid until 2007 and I erroneously made the assumption that the corporation filing would expire at the same time.

I contact your help center on May 25, 2004 and was instructed to file a reinstatement and provide payment in the amount of \$300.00. I am also including an additional \$8.75 fee for a Certificate Status.

Regards,

Carlton Wallace  
President