

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

04 FEB 16 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000109731

1. Corporation Name

PALMETTO BAY CENTRE, INC.

2. Principal Office Address

15715 S. Dixie Hwy

3. Mailing Office Address

P.O. Box 562863

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

City & State

Miami, FLA

City & State

MIAMI FL 33256-2863

Zip

33157

Country

DADR

Zip

33256-2863

Country

USA

REINSTATEMENT 03-04

200028783282
02/16/04--01019--012 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

Oct 10/2002

5. FEI Number

22-3877813

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

SEE 708 FOR INFORMATION ON THIS SERVICE

7. Name and Address of Current Registered Agent

Name

SOCARRAS ATRIO, MARTHA.

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

15715 SOUTH Dixie Highway

Suite, Apt. #, Etc.

Suite # 203

City

Miami

State

FL

Zip Code

33157

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of
Registered Agent

Martha Socarras Atrio

Date

2-10-2004

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------------|--------------------------------------|---|--------------------|
| <u>Pres.</u> | <u>Socarras Atrio Martha</u> | <u>335 Marquessa Drive Coral Gables</u> | <u>FL 33156</u> |
| <u>V.P.</u> | <u>ATRIO Justo A.</u> | <u>335 Marquessa Drive CORAL Gables</u> | <u>FL 33156</u> |
| | | | |
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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(2)(f), 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:

Justo A. Atrio V.P. 2/10/2004 305-742-5964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR0201 (07/00)

10/2/2004

Florida Department of State
Secretary of State
Division of Corporation

To whom may concern,

I would like to have my corporation reinstated I am enclosing the forms and checks for the amount of \$300.00 to cover the filing for last year and this year I didn't received a notice last year because there were no building at 15715 S. Dixie Hwy. I was under the impression that Tallahassee and your department had my P.O. Box address; my mailing address for the future is Palmetto Bay Centre Inc. P.O. Box 562863 Miami, FL. 33256-2863
Thank you very much.

Sincerely yours.
Justo A. Atiño