

pg 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 APR -2 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P02000422962**

1. Corporation Name

**Palm Automart, Inc.**

2. Principal Office Address

**10325 NW 7th Avenue**

3. Mailing Office Address

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami, FL**

City & State

Zip  
**33150**

Country  
**US**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/14/2002**

5. FEI Number

**01-0772116**

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

**Oren Fital**

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

**10325 NW 7th Avenue**

Suite, Apt. #, Etc.

City

**Miami**

State

**FL**

Zip Code

**33150**

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

**3-27-07**

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip                            |
|--------|--------------------------------------|---|---|
| PST    | Oren Fital                           | 10325 NW 7th Avenue                               | Miami, FL 33150                               |
|        |                                      |   | 200097221492<br>04/17/07--01040--004 **500.00 |
|        |                                      |   | 200097221492<br>04/17/07--01040--005 **150.00 |
|        |                                      |   |   |
|        |                                      |   |   |
|        |                                      |   |   |

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-27-07**

Date

**(850) 283-9314**

Daytime Phone #

4/400

pg 2 of 2

AICPA MEMBER

Tax & Accounting Office of

NHSCPA MEMBER

ALAN N. RAZLA, PA.

(954) 983 - 9394 Tel

(954) 983 - 6799 Fax

E-mail: cpadirect@bellsouth.net

**Florida Office:**

ALAN N. RAZLA, PA  
2901 Stirling Road, Suite 203  
Fort Lauderdale, Florida  
33312

**NH Office:**

ALAN N. RAZLA, CPA  
Certified Public Accountant  
26 South Main St. Suite 521  
Concord, NH 03301

B"H

March 14, 2007

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

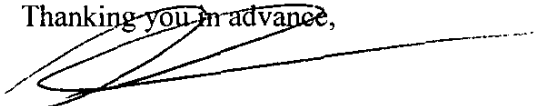
RE: Palm Automart, Inc.  
FEIN: 01-0772116

Dear Sir or Madam,

Please be advised that we are enclosing a Corporation Reinstatement Form for Palm Automart, Inc. together with a check for \$600 to reinstate the corporation for the year 2006. Regarding the late fees, we are requesting a waiver of such fees, as our client did not receive any of the annual notices from the state notifying him of the requirement to file an annual report. We will file the 2007 Annual Report prior to April 30, 2007.

Please process this information and update your records accordingly.

Thanking you in advance,

  
Alan N Razla  
Alan N Razla, PA