

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 22 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000047013

1. Corporation Name

PALMMOR, INC.

2. Principal Office Address

350 SOUTH OCEAN BLVD.

Suite, Apt. #, etc.

#303

City & State

PALM BEACH, FL

Zip

33480

Country

3. Mailing Office Address

3 RUE SILVESTRE, DE SACY

Suite, Apt. #, etc.

City & State

75007 PARIS, FRANCE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/28/04

5. FEI Number

54-2108585

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

LESLIE R. EVANS, ESQ.

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

214 BRAZILIAN AVENUE

Suite, Apt. #, Etc.

SUITE 200

City

PALM BEACH

State

FL

Zip Code

33480

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

[Signature]

Date

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
D	STEPHEN C. MORMORIS	3 RUE SILVESTRE, DE SACY	75007 PARIS, FRANCE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

212 -
13 OCT 04 969-8548

Leslie Robert Evans & Associates, P.A., Counselors at Law **561.832.8288**
214 Brazilian Avenue, Suite 200, Palm Beach, FL 33480 **Fax: 561.832.5722**

E-Mail: phyllis@lrevanspa.com

November 15, 2004

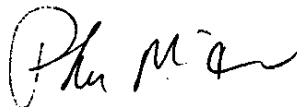
Mr. Tyrone Scott
Document Specialist
Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

Dear Mr. Scott:

Enclosed is the executed document to be filed. Should you have any questions, please let me know.

Thank you,

Sincerely,



Phyllis McAllister
Office Manager