

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED
P801

APPLICATION FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

93 MAY 22 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000008211**

1. Corporation Name **PALM VIEW CORPORATION**
13832 SW 56 ST
MIAMI FL 33175

Principal Place of Business **FLORIDA**

Mailing Address **13832 SW 56 ST**
MIAMI FL 33175

97-98 AR

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0391013	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. 400002546124--1 -06/03/98--01063--019 ****150.00 ****150.00
P, S	MANUEL ALVAREZ JR.	3511 GIVANNAUD TER. NORTH BENSON, N.J 07047	
V, T	MANUEL ALVAREZ	1319 46 ST NORTH BENSON, N.J 07047	
			400002546124--1 -06/03/98--01063--020 ****15.00 ****15.00

A. Alvarez
5/22/98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ILEANA GARCIA 10250 SW 56 ST MIAMI, FL		Name MANUEL ALVAREZ Street Address (P.O. Box Number is Not Acceptable) 13832 SW 56 ST Suite, Apt. #, Etc. City MIAMI State FL Zip Code 33175	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Manuel Alvarez* REGISTERED AGENT MUST SIGN Date **4/15/98**

400002546124--1
-06/03/98--01063--021
****150.00 ****150.00

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐

12. 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: *Manuel Alvarez* MANUEL ALVAREZ 4/15/98 (325) 558-8397

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20040 (1/98)

PALM VIEW CORPORATION
13832 SW 56 St.
Miami, Fl. 33175
(305)558-8397

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

Re: Reinstatement

Please be advised that we were not aware that our Corporation was not current. As explained in our telephone conversation with one of your agents, our registered agent was our former attorney who moved from the office in which this Corporation was registered.

Enclosed please find two checks of \$150.00 each, for payment of the filing fee for 1997 and 1998, together with the Application for Reinstatement with the change of Director.

Sincerely,


Manuel Alvarez