

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

96 NOV -8 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000017050**

1. Corporation Name

**PALM ISLE CREATIONS, INC.**

Principal Place of Business

Mailing Address

2200 S UNIVERSITY DR  
SUITE 102  
DAVE FL 33324

2200 S UNIVERSITY DR  
SUITE 102  
DAVE FL 33324

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-11/14/96--01021--001

11/13/96 00 11/13/96 00



REINSTATEMENT 96 00

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

03/05/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2600 S Wynterhall  
Huntsville, Alabama  
35803 USA

5. FEI Number

65-0306073

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	BAMONTE, ARTHUR R	2200 S UNIVERSITY DR SUITE 102	DAVE FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BAMONTE, ARTHUR R  
2200 S UNIVERSITY DR  
SUITE 102  
DAVE FL 33324

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*Arthur R. Bamonte*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/4/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

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:

*Arthur R. Bamonte*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/4/96 (205) 880-8741  
Date Daytime Phone #