

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR 26 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 9400004236

1. Corporation Name

N&Palm Partners, Inc.

2. Principal Office Address

1934 Largo Road
Suite, Apt. #, etc.

3. Mailing Office Address

1934 Largo Road
Suite, Apt. #, etc.

City & State

Jacksonville FL
Zip 32207 Country

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Jacksonville, FL
Zip 32207 Country

4. Date Incorporated or Qualified
To Do Business in Florida. 1/19/94

5. FEI Number

59-3223564

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

Margaret M. Riley

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

1910 San Marco Blvd.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32207

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

Margaret M. Riley
REGISTERED AGENT MUST SIGN

Date 3/14/03

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
<u>P/V/D</u>	<u>Paul Saffell</u>	<u>1934 Largo Road</u>	<u>Jacksonville FL 32207</u>

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:

P/S
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03

Date

Daytime Phone #

CR2E081 (10/02)

3/31