

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2009 JUL 24 P 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000037604

1. Corporation Name

Palm General Corporation

2. Principal Office Address - No P.O. Box #

31731 Northwestern Highway

Suite, Apt. #, etc.

Suite 250W

City & State

Farmington Hills, MI

Zip

48334

Country

USA

3. Mailing Office Address

31731 Northwestern Highway

Suite, Apt. #, etc.

Suite 250W

City & State

Farmington Hills, MI

Zip

48334

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
650494281

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

Luptak, Paola M

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

2201 NW CORPORATE BLVD., #100

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33431

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Paola M Luptak

REGISTERED AGENT MUST SIGN

Date

7/9/08

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
PTD	Beznos, Maurice	31731 Northwestern Highway, #250W	Farmington Hills, MI 48334
VSD	Beznos, Norman	31731 Northwestern Highway, #250W	Farmington Hills, MI 48334
VP	Shumaker, Don	31731 Northwestern Highway, #250W	Farmington Hills, MI 48334
V	Luptak, Paola M	4700 NW Boca Raton Blvd, 4th Floor	Boca Raton, FL 33431

REINSTATEMENT

04-08

AL

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07/01/08--01025--004 **1350.00

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

Maurice J. Beznos

Date

6/24/08

Daytime Phone #

(248) 855-5400