

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 JUL 27 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94 00 00 64 198

1. Corporation Name

PALMERA, INC.

Principal Place of Business

Mailing Address

1401 N. PALMWAY
LAKE WORTH, FL 33460

80000026046019--7
-07/31/98--01100--017
***1208.75 ***1208.25

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

2. New Principal Office Address, If Applicable

1401 N. PALMWAY
LAKE WORTH, FL
Suite, Apt. #, etc.
City & State

3. New Mailing Office Address, If Applicable

1401 N. PALMWAY
LAKE WORTH, FL
Suite, Apt. #, etc.
City & State

4. Date Incorporated or Qualified
To Do Business in Florida

8-29-94

5. FEI Number

Applied For
☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$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)

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
VP PRESIDENT	ALAN B. AUST	1401 N. PALMWAY	LAKE WORTH, FL 33460

TS. 7/29

REINSTATEMENT 95.78

8. Name and Address of Current Registered Agent

ALAN B. AUST
1401 N. PALMWAY
LAKE WORTH, FL 33460

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Alan B. Aust

REGISTERED AGENT MUST SIGN

Date 23 JULY, 1998

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:

Alan B. Aust

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 JULY, 1998 (561)547-0972

Date

Daytime Phone #

CR2046 (12/96)