

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000065430**

1. Corporation Name

PALM MANAGEMENT GROUP, INC.

Principal Place of Business

87 ANDOVER LANE
WILLIAMSVILLE NY 14221
US

Mailing Address

87 ANDOVER LANE
WILLIAMSVILLE NY 14221
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/07/1994

5. FEI Number

65-0518102

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$875. A statement is required for a certificate of status.

REINSTATEMENT *95*

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	4 City / State / Zip
PS	GALVIN, RICHARD J	87 ANDOVER LANE	WILLIAMSVILLE NY 14221
			400003047134--2 -11/17/99--01054--009 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

RETT, DONALD A
~~215 S MONROE STN STREET~~ 2804 REMINGTON GREEN
SUITE 200-4
TALLAHASSEE FL 32308

9. Name and Address of New Registered Agent

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

Dea Rett

REGISTERED AGENT MUST SIGN

Date **NOVEMBER 1, 1999**

11. 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:

Richard Galvin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD GALVIN

11/2/99
Date

941-565-7332
Daytime Phone #