

MAY-01-07 12:32 From:

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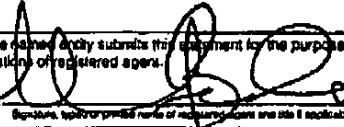
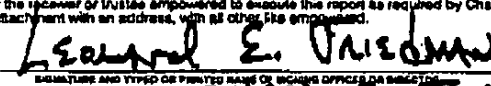
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**2007 FOR PROFIT CORPORATION  
REINSTATEMENT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                   |                                                                                                                                  |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P95000020360</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                   |                                                 |                                                                   |
| 1. Entity Name<br><b>LEF/PALM-AIRE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                   |                                                                                                                                  |                                                                   |
| Principal Place of Business<br><b>ONE GREENWAY PLAZA<br/>STE 850<br/>HOUSTON, TX 77046</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   | Mailing Address<br><b>ONE GREENWAY PLAZA<br/>SUITE 850<br/>HOUSTON, TX 77046-0102 US</b>                                         |                                                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                   | 3. Mailing Address                                                                                                               |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                   | Suite, Apt. #, etc.                                                                                                              |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                   | City & State                                                                                                                     |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                           | Zip                                                                                                                              | Country                                                           |
| 4. FEI Number<br><b>85-0691940</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                   | Applied For<br>Not Applicable                                                                                                    |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                   |                                                                                                                                  |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>SHAPIRO, ROBERT L<br/>900 N FEDERAL HWY<br/>STE 208<br/>HALLANDALE BEACH, FL 33009</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                   | 7. Name and Address of New Registered Agent<br><b>BERKE, MICHAEL A.<br/>One S.E. Third Avenue, 28th Floor<br/>Miami FL 33131</b> |                                                                   |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent.<br><br>SIGNATURE:  <b>MICHAEL BERKE</b> DATE: <b>5.1.07</b><br><small>(Signature, title or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>                                                                                                    |                                                                                                                   |                                                                                                                                  |                                                                   |
| FILE NOW!! FEE IS \$900.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |                                                                                                                                  |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                            |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DP<br>FRIEDMAN, LEONARD E<br>ONE GREENWAY PLAZA, STE 850<br>HOUSTON, TX 770460186 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VS<br>RAY, SANDRA E<br>ONE GREENWAY PLAZA SUITE 850<br>HOUSTON, TX 770460186 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | V<br>SWINKE, DAVID L<br>ONE GREENWAY PLAZA, SUITE 850<br>HOUSTON, TX 770460186 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VT<br>THIBAUT, HOWARD W<br>ONE GREENWAY PLAZA, STE 850<br>HOUSTON, TX 770460186 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employees. |                                                                                                                   |                                                                                                                                  |                                                                   |
| SIGNATURE:  <b>LEONARD E. FRIEDMAN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                   | Date: <b>5.1.07</b> 305.755.5855<br>Deputy Phone #                                                                               |                                                                   |

(H07000120063)

B. Mitchell MAY 1 2007

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Florida Department of State  
Division of Corporations  
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From: *Henry C. Senterfitt, Esq.*  
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.  
Account Number : 075471001363  
Phone : (305) 374-5600  
Fax Number : (305) 374-5095

**CORPORATION REINSTATEMENT**

**LEF/PALM-AIRE, INC.**

|                       |          |
|-----------------------|----------|
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