

Renewal

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED

02 MAY 22 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000053849

1. Corporation Name
Palm Management Service, Inc.

400005969954--2
-06/25/02--01040--003
****308.75 ****308.75

0-02 UBR

2. Principal Office Address
1041 INLET DR. EAST

3. Mailing Office Address
PO Box 1010

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MARCO IS. FL

City & State
MARCO IS. FL

Zip
34145

Country
USA

Zip
34146

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
593327703

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
Amy C. D'AMATO

Street Address (P.O. Box Number is Not Acceptable)
1041 INLET DR. EAST

Suite, Apt. #, Etc.

City
MARCO ISLAND

State
FL

Zip Code
34145

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 Amy D'Amato

Date 3.20.02

REGISTERED AGENT MUST SIGN

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
OWNER	<u>Amy C. D'AMATO</u>	<u>1041 E INLET DR.</u>	<u>MARCO IS FL</u> <u>34145</u>
<u>(myself only)</u>			<u>201.25 - AR</u>
			<u>10.00 - AR ARTS</u>
			<u>88.75 - AR SUPP</u>
			<u>8.75 - Cert</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: Amy D'Amato Amy D'Amato
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3.20.02 941-
Daytime Phone # 394-7819

CR2E081 (9/01)