

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -7 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 996000009439

1. Corporation Name

Palm Lakes Development, Inc.10540

2. Principal Office Address

10540 LaPlacida Drive

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Coral Springs, Florida

Zip

33065

Country

Broward

Zip

Country

REINSTATEMENT

700026309637
01/07/04-01003-021 **300.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

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

Jerry L. McCracken

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

10540 LaPlacida Drive

Suite, Apt. #, Etc.

City

Coral Springs

State
FL

Zip Code
33065

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

REGISTERED AGENT MUST SIGN

Date

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
P,S,T,D	Jerry L. McCracken	10540 LaPlacida Drive	Coral Springs, Florida 33065

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:

Jerry L. McCracken
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-29-03

Date

Daytime Phone #

CR2E081 (10/02)

PALM LAKES DEVELOPMENT, INC.
4760 Alton Road
Miami Beach, Florida 33140
(786) 262-0764

December 31, 2003

Secretary of State
Corporations Division
Neil Kirkman Building
Tallahassee, Florida

Re: Reinstatement

Dear Sir:


Pursuant to my conversation with your office, enclosed please find an application for reinstatement and my check in the amount of Three Hundred and no/100 (\$300.00) Dollars, representing the reinstatement fee for my corporation.

I request that you waive any additional penalties because the Annual Return was not filed previously. I am enclosing evidence of my hospitalizations during the past year and one-half, during which I also moved and did not receive any notification that I was required to file any document with the State. These are only the summaries of my hospitalizations. If you require further documentation, I will forward more extensive medical records. Additionally, there was a fire at the residence where I was living, which destroyed all of my records. I am enclosing copies of my driver's license showing my address and the Miami Beach Fire Department report of the fire.

Please reinstate my corporation and send verification of same to me at your earliest opportunity.

Thank you for your consideration.

Very truly yours,


Jerry L. McCracken
President