PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION FOR~~ REINSTATEMENT

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

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FILED
00 JAN -3 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000024499

1. Corporation Name

PALM GROUP, INC.

Principal Place of Business	Mailing Address
1601 NW 119 ST WESTAR SERVICE STATION NO MIAMI FL ~~33176~~ 33167 US	1601 NW 119 ST WESTAR SERVICE STATION NO MIAMI FL ~~33176~~ 33167 US

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/19/1996

5. FEI Number: 65-0650478 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ROSARIO, JOSE	1601 NW 119TH STREET	NO MIAMI FL 33176
VP	ROSARIO, DANILO	1601 NW 119 ST	NO MIAMI FL 33176

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****150.00 ****150.00

SP

8. Name and Address of Current Registered Agent

ROSARIO, JOSE
1601 NW 119 ST
WESTAR SERVICE STATION
NO MIAMI FL ~~33176~~ 33167

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

CR2E040 (8/99)

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: SIGNATURE REQUIRED Date: 10/26/99
Jose Rosario
REGISTERED AGENT MUST SIGN

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: SIGNATURE REQUIRED Jose Rosario Date: 10/26/99 Daytime Phone #: (305)6870613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3270 S.W. 17 Street
Miami, FL 33145
Office 305-442-4403
Facsimile 305-444-3827
Beeper 305-548-9896

(2)

A. RAY CIENFUEGOS, P.A.

Certified Public Accountant

December 15, 1999

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, Fl. 32399

Gentlemen:

My client Palm Group Inc. received your Notice of Administrative Dissolution of their Corporation and we are hereby requesting its reinstatement. At this time we respectfully request the Once-in-a-Life-Time Abatement of the penalty based on the fact that the renovation documents were not received because your are showing a different Zip Code. We are enclosing the application for reinstatement with the zip code change and the client's check 2053 in the amount of $150.00

Please let us know if there is anything further that has to be done. Thank you for your attention to this matter. With best regards, I am,

Sincerely yours,

A. Ray Cienfuegos CPA