

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 96 0000 38024

1. Corporation Name

PALM DEVELOPERS, INC.

2. Principal Office Address

1499 W. PALMETTO PARK

Suite, Apt. #, etc.

SUITE 200

City & State

BOCA RATON

Zip

33486

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT 03-04

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

5-1-1996

5. FEI Number

65-0664282

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

DANIEL KOOSI

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

1499 W. PALMETTO PARK ROAD 400039189154

Suite, Apt. #, Etc.

SUITE 200

City

BOCA RATON

State

FL

Zip Code

33486

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 7-14-04

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 |
|------------------|--------------------------------------|---|---------------------------------------|
| <u>PST D</u> | <u>DANIEL KOOSI</u> | <u>1499 W. PALMETTO PARK ROAD, SUITE 200</u> | <u>BOCA RATON, FL</u> <u>33486</u> |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL KOOSI 7-14-04 561-347-6844

Date

Daytime Phone #