

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Ra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

98 MAY -1 PM 1:35

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **PALE000043124**  
 1. Corporation Name  
**PALM XTREM Inc.**

Principal Place of Business Mailing Address  
**PALM XTREM, Inc.**  
 2545 E. Sunrise Blvd., #150  
 FORT LAUDERDALE, FL 33304  
 Tel: 954-566 7303 • Fax: 954-566 4240  
 If above address **www.palmxtrem.com** through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		May 21 '96	
City & State		City & State		5. FEI Number	
Zip		Country		65-0669584	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				Applied For	
				Not Applicable	
				\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
President	Yves S. Yon	1501 E. Hallandale Beach Blvd #166	HALANDALE FL 33009 300002514873--2 -05/07/98--01018--016 ****150.00 ****150.00
			300002514873--2 -05/07/98--01018--017 ****165.00 ****165.00

8. Name and Address of Current Registered Agent

Yves S. Yon  
**PALM XTREM, Inc.**  
 2545 E. Sunrise Blvd., #150  
 FORT LAUDERDALE, FL 33304  
 Tel: 954-566 7303 • Fax: 954-566 4240  
 www.palmxtrem.com

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

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

REGISTERED AGENT MUST SIGN

Date 6/27/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 /PRID OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/98  
 Date

954 566 7303  
 Daytime Phone #

CP2E040 (1-98)



**PALM XTREM Inc.**

Monday, April 27, 1998

FLORIDA Department of State

**Attn : To whom it may concern**

Last week I called your office as I was recently informed by my accountant that any Profit Corporation should file for an ANNUAL REPORT & pay a fee.

I incorporated my company in May 1996 but I never received any filing form. Being made aware only recently of this procedure I called your office to know how to get a form. I was told that my company was dissolved for NOT paying the fee in 1997. I explained that I NEVER received any form from your office ... the reason being that I had moved my office soon after opening & mail was NOT forwarded.

Therefore the gentleman I spoke with told me to send a check for \$165.00 (for 1997) & \$150.00 (for 1998) along with a letter explaining why I did not pay my fee last year.

I would be grateful if you could waive the penalty fee as I really was not are of the fee to pay & I never received the Form to be filled.

Thank you & Best Regards

Yves S. YON

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