

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

**APPLICATION FOR**  
  
**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**DOCUMENT # P97000048463**

1. Corporation Name

**PALMA HOMES, INC.**

Principal Place of Business

Mailing Address

15165 NW 77TH AVENUE SUITE 2002  
 MIAMI LAKES FL 33014

15165 NW 77TH AVENUE SUITE 2002  
 MIAMI LAKES FL 33014

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

2. New Principal Office Address, If Applicable  
15165 NW 77 AVE.

3. New Mailing Office Address, If Applicable  
15165 NW 77 AVE.

Suite, Apt. #, etc.  
2002

Suite, Apt. #, etc.  
2002

City & State  
MIAMI, FL.

City & State  
MIAMI, FL.

Zip  
33014

Country

Zip  
33014

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/02/1997

5. FEI Number

65-0761965

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>D</u> <u>President</u>	<u>PANDO, DOMINGO</u> <u>CARLOS HERRERA JR</u>	<u>15165 NW 77TH AVENUE SUITE 2002</u>	<u>MIAMI LAKES FL 33014</u>
<u>D</u>	<u>RASGO, RAMON E</u>	<u>5200 BLUE LAGOON DR., SUITE 700</u>	<u>MIAMI FL 33126</u>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

CARLOS HERRERA JR

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

15165 NW 77 AVE.

Suite, Apt. #, Etc.

2002

City

MIAMI

State

FL

Zip Code

33014

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]  
**SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date

10/17/00

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]  
**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/00

Daytime Phone #

CR2E040 (8/00)

PAGE 2 OF 2

**PALMA HOMES, INC.**

15165 N.W. 77 AVE.

SUITE 2002

MIAMI, FL. 33014

TEL: 305-823-8099

FAX: 305-823-8099

October 16, 2000

Florida Department of State

Division of Corporation

P.O. Box 6327

Tallahassee, Fl. 32314

*We bought the corporation in September 1999, (see closing statement copy enclosed) at the time our address was 8716 N.W. 143 Terr., Miami, Fl. 33018, we never received the form you sent between January 1 and May 1, we assumed it was sent to the previous owners and they forgot to mail it to us.*

*We moved in May 22nd to 15165 N.W. 77 Ave. Suite 2002, Miami, Fl. 33014, but we never received the second notice you mention (Important Facts), if the previous owners received the forms, they never forwarded to us.*

*I have made corrections of agents and mailing address for future mailing.*

**PALMA HOMES, INC.**

15165 N.W. 77 AVE.

SUITE 2002

MIAMI, FL. 33014

Sincerely,

  
Ana Palma  
Office Manager