

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 SEP 18 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000063695

1. Corporation Name

Palmview Marketing, Inc.

600007855056--7
-09/19/02--01087--019
****450.00 ****450.00

2. Principal Office Address

2539 South Atlantic Avenue

3. Mailing Office Address

2539 South Atlantic Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Daytona Beach Shores, FL

City & State

Daytona Shores, FL

Zip

32118

Country

United States

Zip

32118

Country

United States

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

July 23, 1997

5. FEI Number

59-3459842

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

Michael S. Minot, Esq.

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

319 River Edge Boulevard

Suite, Apt. #, Etc.

218

City

Cocoa

State
FL

Zip Code

32922

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 **9-16-02**

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/T/S/D	John F. Allen	2539 South Atlantic Avenue	Daytona Beach Shores, FL 32118

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:

John F. Allen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(386) 767-5684

Date **9-15-02** Daytime Phone #

CR2ED01 (9/01)

js shirley

PALMVIEW MARKETING, Inc.

2539 South Atlantic Avenue

Daytona Beach, FL 32118

Telephone (386) 767-5684

September 15, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314


Re: Reinstatement of Corporate Status

Dear Sir or Madam:

Enclosed please find my application for reinstatement for the above referenced corporation. I relocated my office several years ago and did not thereafter receive my annual corporate reporting documents. I had occasion to speak with my accountant last week and asked him to inquire into my corporation's status. I only then learned that my corporation had been dissolved. I was unaware that my current address had not been supplied to your office. Accordingly, request is hereby made that the state waive the \$600.00 penalty which I may be assessed.

I thank you in advance and appreciate your consideration and assistance with the above matter.

Sincerely yours,



John F. Allen