PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 30 PM 3:27

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000088782

1. Corporation Name
PALM-AIRE PROPERTIES, INC.

REINSTATEMENT D3

9/30/03 01069 004 750.00

2. Principal Office Address	3. Mailing Office Address
6609 99th St. E.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
BRADENTON, FL	
Zip 34202 Country MANATEE	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 1/1/98

5. FEI Number 65-0806292 ☐ 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: TIM CHAKOS

Street Address (P.O. Box Number is Not Acceptable): 6609 99th St. E.

Suite, Apt. #, Etc.:

City: BRADENTON State: FL Zip Code: 34202

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: Tim Chakos Date: 2/12/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PTSV	TIM CHAKOS	6609 99th St. E.	BRADENTON, FL 34202

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: Tim Chakos TIM CHAKOS 2/12/04 (941) 752-3040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #