

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P97000001903</u>			
1. Corporation Name Palm Foundation- II-Inc.			
2. Principal Office Address 630 11th Avenue North		3. Mailing Office Address P.O. Box 8786	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Naples, FL		City & State Naples, FL	
Zip 34108	Country USA	Zip 33941	Country USA

FILED

01 JUL 25 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida 12/01/97	
5. FEI Number 650799567	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

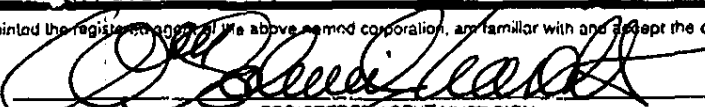
Name William Schweikhardt	
Street Address (P.O. Box Number is Not Acceptable) 900 Sixth Avenue South	
Suite, Apt. #, Etc. Suite 203	
City Naples	State FL
Zip Code 34102	

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08/08/01-01082-028

****908.75 ****908.75

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


Date July 23, 2001

REGISTERED AGENT MUST SIGN

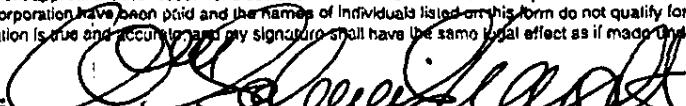
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Muhmed Gohari	900 Sixth Avenue South	Naples, FL 34102
VP	William Schweikhardt	900 Sixth Avenue South	Naples, FL 34102
P	Babak Gohari	900 Sixth Avenue South	Naples, FL 34102

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



Date July 23, 2001 (941) 262-2227

Date

Daytime Phone #

REINSTATEMENT 00-01