

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
Dec 06, 2002 8:00 A.M.
Secretary of State

DOCUMENT # **99700001903**

1. Corporation Name

Palm Foundation II, Inc.

2. Principal Office Address

222 Industrial Blvd.

3. Mailing Office Address

222 Industrial Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, Florida

Zip

34104

Country

USA

Zip

34104

Country

USA

4. Date Incorporated or Qualified
To Do Business In Florida

12/01/1997

5. FEI Number

650799567

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT *02*

7. Name and Address of Current Registered Agent

Name

BABAK GOHARI

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

222 INDUSTRIAL BLVD.

Suite, Apt. #, Etc.

City

NAPLES

State
FL

Zip Code

34104

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

12/5/2002

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
PRES.	BABAK GOHARI	222 INDUSTRIAL BLVD.	NAPLES, FLORIDA 34104

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

12/5/2002

Daytime Phone #

239-
287-9669

CRCE081 (9/01)

12/10