

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN -4 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000058423

1. Corporation Name

Palm Valley Supplies, Inc.
120 Cumberland Park Dr., Suite 403
St. Augustine, FL 32095

2. Principal Office Address

120 Cumberland Pk Dr
Suite, Apt. #, etc.

Suite 403

City & State

St. Augustine FL

Zip Country
32095 USA

3. Mailing Office Address

120 Cumberland Pk Dr
Suite, Apt. #, etc.

Suite 403

City & State

St. Augustine FL

Zip Country
32095 USA

REINSTATEMENT 02-04

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

06/30/1998

5. FEI Number

59-3520587

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

Philip D. Smith

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

113 Seychelles CT

Suite, Apt. #, Etc.

City

St. Augustine

State
FL

Zip Code
32080

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

Philip D. Smith

REGISTERED AGENT MUST SIGN

Date 6-1-04

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
P/V/D	Philip D. Smith	113 Seychelles CT	St Augustine FL 32080

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

Philip D. Smith PHILIP SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-04

Date

904-237-1044

Daytime Phone #

CR2E081 (01/04)