

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUL 22 AM 9:06

DOCUMENT # P98000080513

1. Corporation Name

Palmetto Partnership Inc.

2. Principal Office Address - No P.O. Box #

105 East Robinson Street

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Zip

32801

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/14/1998

5. FEI Number
27-3079930

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

900183563539
07/22/10--01037--004 **2250.00
CR2E081 (6/10)

7. Name and Address of Current Registered Agent

Name

Robert P. Miller

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

105 East Robinson Street

Suite, Apt. #, Etc.

Suite 300

City

Orlando

State

FL

Zip Code

32801

8. I, being appointed the registered agent for 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 21, 2010

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
P	Robert P. Miller	105 East Robinson St., Suite 300	Orlando, Florida 32801
ST	Jay D. Starling	3207 Adwood Street	Tallahassee, Florida 32312

B 7/23/10

REINSTATEMENT W-10

10. E-mail Address: rpmfla@yahoo.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

07/21/2010

407-843-0013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #