

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

P8192



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 AUG 13 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

00-01 WRR  
099000031020

1. Corporation Name Palm Specialists Inc.

2. Principal Office Address 1117 Marina Dr.  
Tarpon Springs FL. 34689

Suite, Apt. #, etc.

3. Mailing Office Address  
Suite, Apt. #, etc.

City & State

City & State

Tarpon Spgs FL. 34689

Zip

Country

Pinellas

Zip

Country

600004560446--3

-08/28/01--01082--016

\*\*\*\*300.00 \*\*\*\*300.00

4. Date Incorporated or Qualified  
To Do Business in Florida 1999

5. FEI Number  
59-3573989

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

Howard J. Schultz Sr.

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

1117 Marina DR.

Suite, Apt. #, Etc.

City

Tarpon Springs

State

FL

Zip Code

34689

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

Howard J. Schultz Sr.  
REGISTERED AGENT MUST SIGN

Date 3/26/001

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	Stephen E. Schultz	3312 Rosefield DR.	Holiday FL. 34691
V.Pres	Howard J. Schultz SR.	1117 Marina DR.	Tarpon Springs 34689
Treas	Judith B. Schultz	1117 Marina DR.	Tarpon Spgs FL. 34689

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:

Howard J. Schultz Sr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-16-01

727-224-3796

Daytime Phone #

CR2E081 (9/00)

Palm Specialists Inc.  
1117 Marina DR.  
Tarpon Springs FL.  
34689

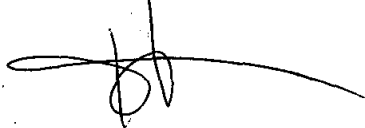
Pg 292

Division of Corporations

Dear Sir/Madem

Reciently I called and requested forms to change corporation officals and Iwas told that my Corp. was no longer registered with the state of Florida. Please accept this letter as a true sttlement that we did not recieve renewal forms. I was further told that fee of \$300.00 for the previous year 2000 and 2001 would be accepted as full payment to reinstate Palm Specialists Inc.

Thank you  
Howard Schultz Sr.



P.S. Please contact me so as to let me know your decision