W04000042203

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 DEC 30 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000031028

1. Corporation Name
Palm Specialists Inc.

REINSTATEMENT 0304

11/09/04 01068 018 $150.00
10/17/03 01032 014 $150.00

2. Principal Office Address	3. Mailing Office Address
1117 Marina Drive	1117 Manna Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tarpon Springs, FL	City & State: Tarpon Springs FL
Zip 34689 Country USA	Zip 34689 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 3/31/99

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: Total Bookkeeping Service, Inc.

Street Address (P.O. Box Number Is Not Acceptable): 2155 Grand Blvd.

Suite, Apt. #, Etc.:

City: Holiday State: FL Zip Code: 34690

11/20

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: [signature] Date: 11/4/04
REGISTERED AGENT MUST SIGN.

CR2E081 (01/04)

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	Howard Schultz	1117 Manna Drive	Tarpon Springs, FL 34689
VP	Stephen Schultz	1117 Manna Drive	Tarpon Springs, FL 34689

11/09/04--01068--018 **150.00

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] 11-4-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #