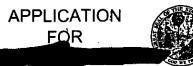
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

P99000050877 DOCUMENT #

1. Corporation Name

PALMER COLE & COMPANY, INC.

Principal Place of Business

Mailing Address

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

125 SPYGLASS WAY

SIGNATURE;

125 SPYGLASS WAY

PALM REACH GARDENS FL 33418

PALM BEACH GARDENS FL 33418

FILED

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SECRETARY OF STATE TALLAHASSEE. FLORIDA



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If above a	ddresses are incorrect in any way, line	through incorrect	information and enter	correction below.				
	ncipal Office Address, If Applicable		New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 06/01/1999		
Suite, Apt.	#, etc.	Suite, Apt. #	Suite, Apt. #, etc.			5. FEI Number Applied For		
City & State		City & State	City & State		22-	3466444	Not Applicable	
Zìp	Country	Zip	Count	ту	6. CERTIFICATE		'5 Additional Fee required or a Certificate of Status	
7. Names	and Street Addresses of Each Officer	ind/or Director (FI	lorida nonprofit corpor	ations must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director 3		City / State / Zip		
D	SORKNI, MICHAEL R		125 SPYGLASS WAY			PALM BEACH GARDENS FL 33418		
						0000345 9	16625	
						-11/09/00 ****150.00	01118UU1 <u>****150.00</u>	
						DOURR	72	
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent				
		·		Name			{	
SORKIN, MICHAEL 125 SPYGLASS WAY				Street Address (P.O. Box Number is Not Acceptable)				
PALM BEACH GARDENS FL 33418				Suite, Apt. #, Etc.				
				City		State FL	Zip Code	
10. I, bein	g appointed the egistered agent of the	above named con	poration, am familiar v	with and accept the o	bligations of Sect		}	
Signature of Registered Agent REGISTERED AGENT MU				MUST SIGN		Date		
this reii owed b	vithat I am an officer or director or the restatement application, the reason for by the corporation have been paid and application is true and accu <u>rate</u> , and n	dissolution has bee the names of indiv	en eliminated, the corp riduals listed on this fo	oorate name satisfies orm do not qualify for	the requirements an exemption un	s of section 607.0401 or 617.0	401, F.S., that all fees	
		-						

561-624-1100

Daytime Phone #

10/20/00



125 Spyglass Way West Palm Beach, FL 33418 Phone 561-624-1100 Fax 561-624-1107

October 20, 2000

Division of Corporations Annual Report / Reinstatement Section P.O. Box 6327 Tallahassee, Florida 32314-6327

Re: Document # P99000050877

Per my telephone conversation and instructions from you office, attached please find a completed Application for Reinstatement and a check for \$150.00.

Please be advised that prior to receipt of the Certificate of Administrative Dissolution on October 17, I had not received any prior notification, correspondence or call alerting me to my failure to file as required. I have been the director and principal officer responsible for the management and operations of a corporation for over ten years, initially in New Jersey and since June 1999 in Florida, and have never failed to file required state and federal reports in a timely manner. Please accept my assurances that prior to receipt of this notice, I did not receive any prior notification of a pending dissolution.

Based upon this and my telephone conversation with this office, I have enclosed a check in payment of the Annual Report Fee and the Corporate Supplemental Fee.

Sincerely,

Michael R. Sorkin

President

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Application and Komelal around admin on New Hold Job (10), होतर होते संपुद्धीमृत्यम् तेरात अवसम्मान नदी हो प्रभावनाचित्रदे तेर ते विकास सुधान विभाव से होते. या उत्तर में द्यारा है तर है