PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FOR FLORIDA DEPARTMENT OF STATE **APPLICATION** Katherine Harris Secretary of State. DIVISION OF CORPORATIONS P99000092839 DOCUMENT # 00 DEC 22 PM 12: 55 1. Corporation Name SECRETARY OF STATE TALLAHASSEE: FLORIDA PALM REALTY SERVICES, INC. Principal Place of Business Mailing Address 1295 S.E. PORT ST. LUCIE BLVD. 1295 S.E. PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952 PORT ST. LUCIE FL 34952 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 10/21/1999 Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 5.-FEI:Number---- -City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED [7] 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip Title(s) D TESORIERO, SUSAN B 1295 S.E. PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent TESORIERO, SUSAN B Street Address (P.O. Box Number is Not Acceptable) 1295 S.E. PORT ST. LUCIE BLVD. Suite, Apt. #, Etc. PORT ST. LUCIE FL 34952 Zip Code State 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Date REGISTERED AGENT MUST SIGN

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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAH B. TESORIERO

1/13/00

ate

Daytime Phone #



292

Fax: (561) 335-9994

October 20, 2000

State of Florida Department of Revenue

RE: Palm Realty Services, Inc.

Gentlemen:

I am in receipt of your notice of dissolution and shocked at receiving same.

I am advised by my accountant it is our responsibility to get these things taken care of at the first of the year but always in the past I had been presented with copies of the forms by my Bookkeeper. My bookkeeper this year not only failed to give me the form notification or any notification relating to these forms but left her employ on March 31, 2000 leaving my operation in total chaos. I have been trying to reconstruct the my office and have still never seen the necessary form that I should have originally received from you. I have filed in all of the previous years timely concerning this matter. I therefore pray that you-remove the penalty for reinstating my corporation and notify me how much I need to pay you concerning same as this matter was totally out of my control.

If you have any questions regarding this matter please contact me immediately as I need to take care of this matter as soon as possible, I remain

Sincerely yours,

Susan B. Tesoriero

cc: files

palmserdor.doc