PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 NOV -9 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000111952

1. Corporation Name

PALERMO ASSOCIATES, INC.

H.E.L.P. TECH.
3040 S. MILITARY TR.
SUITE "J"
LAKEWORTH FL. 33463

~~7 DESCARTES CIRCLE~~
~~INTON BEACH FL 33437~~

correct information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. 3040 S. Military Tr.	Suite, Apt. #, etc. Ste "J" 3040 S. Military Tr.
City & State Lake Worth FL 33463	City & State Lake Worth FL
Zip / Country US	Zip 33463 / Country US

4. Date Incorporated or Qualified To Do Business in Florida: 12/23/1999

5. FEI Number: 65-0967223 — [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	PALERMO, TINA	5757 DESCARTES CIRCLE	BOYNTON BEACH FL 33437
VD	PALERMO, MARTIN	5757 DESCARTES CIRCLE	BOYNTON BEACH FL 33437
			300003483693--9 -12/01/00--01087--019 ****150.00 ~~****150.00~~

8. Name and Address of Current Registered Agent

PALERMO, TINA
5757 DESCARTES CIRCLE
BOYNTON BEACH FL 33437

9. Name and Address of New Registered Agent

Name: Tina Palermo
Street Address (P.O. Box Number is Not Acceptable): 5757 Descartes Cr
Suite, Apt. #, Etc.:
City: Boynton Fl
State: FL Zip Code: 33437

CR2E040 (8/00)

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.

Signature of Registered Agent: Tina Palermo SIGNATURE REQUIRED Date: 10-13-00
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 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: Tina Palermo SIGNATURE REQUIRED 10-13-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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10-13-00

Dear Div. of Corporations,

I am a new business owner. I did not receive the first notice. After receiving this notice I called my accountant who explained this to me. I am enclosing the initial fee. I called your office and explained it and that is what I was told to do this. If there are any complications my business address is as follows:

Palermo Assoc.
3040 S. Military Tr.
Suite J
LW FL 33463