

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # S. 36457.

1. Corporation Name
THE PALMS ON LAS OLAS, INC

99 APR - 9 AM 10: 37

STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1760 EAST LAS OLAS BLVD
FORT LAUDERDALE
FL. 33301

REINSTATEMENT 275-CK1

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

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 1991
5. FEI Number 65-0253780
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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
M	MICHAEL TRACE	309 BONTONA AVENUE	FORT LAUDERDALE FL 33301.

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name MICHAEL TRACE/PALMS ON LAS OLAS INC
Street Address (P.O. Box Number is Not Acceptable) 1760 EAST LAS OLAS BLVD
Suite, Apt. #, Etc. P
City FORT LAUDERDALE State FL Zip Code 33301

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent
REGISTERED AGENT MUST SIGN

Date APRIL 5th 1999

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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 exempt or under section 119.07(3)(b), 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: MICHAEL TRACE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954)462 4178

4/7/99
Date Filed