

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90004 020 ***150.00

DOCUMENT # S36457

1. Entity Name
THE PALMS ON LAS OLAS, INC.



Principal Place of Business
3621 NW 5TH AVENUE
FORT LAUDERDALE, FL 33309

Mailing Address
3621 NW 5TH AVENUE
FORT LAUDERDALE, FL 33309

54064381



07162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0253780

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

TRACE, MICHAEL
3621 NW 5TH AVENUE
FORT LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
TRACE, MICHAEL
3621 NW 5TH AVENUE
FORT LAUDERDALE, FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/18/04.

54064381

Attachment

July 14, 2004

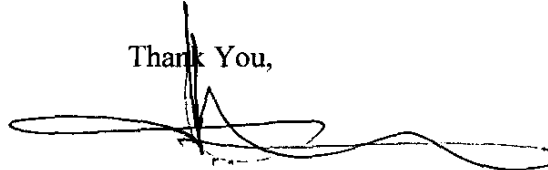
Florida Department of State
Division of Corporations

Re: The Palms on Las Olas, Inc.
S36457

I recently received a notice from the Division of Corporation Online that corporation was being administratively dissolved for not filing the annual report. I did not receive the original notice. This letter is to request reinstatement of the above named corporation. A check in the amount of \$ 150.00 is enclosed. I also request that all penalties be waived as the original UBR forms were never received. Your help in this matter is greatly appreciated.

If you have any further questions, please call my Certified Public Accountant and ask to speak to Cindy Hodges. Their number is 954-561-8959.

Thank You,



Michael Trace
President