

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Morthem
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

98 MAR 19 AM 10:25

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 173219
 1. Corporation Name
 PALMER PREPARATORY SCHOOL, INC.

Principal Place of Business Mailing Address
 14005 N. 46th Street
 Tampa, FL 33613

REINSTATEMENT 97-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
 10-22-92

5. FEI Number
 59-3147860

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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
Pres.	Hannah Palmer	25 5th Ave., 10-G	New York, NY 10007
VP	Norman Palmer	14005 N. 46th St.	Tampa, FL 33613

Handwritten signature/initials

600002464146--0
 03/20/98--01115--034
 ****900.00 ****300.00

8. Name and Address of Current Registered Agent
 Norman Palmer, Registered Agent
 14005 N. 46th Street
 Tampa, FL 33613

9. Name and Address of New Registered Agent
 Name: No change
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc. 600002464146--0
 -03/20/98--01115--035
 City: FL Fee Code: ****\$8.75

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.
 Signature of Registered Agent: *Norman Palmer, Registered Agent*
 REGISTERED AGENT MUST SIGN
 Date: 03.18.98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 exemption under section 119.07(3)(f), 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: *Norman Palmer, Vice President* 03.18.98 (FIS) 97770737
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Debye Phone #