

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 703091						FILED 04 NOV -5- PM 1:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name ST. VINCENT DEPAUL SALVAGE STORE OF WEST PALM BEACH, INC.				 REINSTATEMENT 2004 10292004 REIN-NP CR2E066 (6/04)			
Principal Place of Business 2547 OLD DIXIE RIVIERA BEACH, FL 33404-4119		Mailing Address 2647 OLD DIXIE RIVIERA BEACH, FL 33404-4119					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
4. FEI Number 59-1058446				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SCHENK, LAVERNE 4863 ELMHURST RD WEST PALM BEACH, FL 33417				7. Name and Address of New Registered Agent Name: <u>RYAN, ROBERT</u> Street Address (P.O. Box Number is Not Acceptable): <u>117 RAMBLEWOOD CIR</u> City: <u>ROYAL PALM BEACH, FL</u> FL Zip Code: <u>33411</u>			
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: <u>Robert Ryan</u> ROBERT RYAN - PRESIDENT				DATE: <u>10-29-04</u>			
FILE NOW!! FEE IS \$91.55 After January 1, 2005, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE SD	NAME SOUZA, DORIS	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	500042524205 11/05/04--01030--008 **70.00		
STREET ADDRESS 2308 HOLLY LANE	CITY-ST-ZIP PALM BCH GDNS, FL 33410		NAME VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS 4863 ELMHURST RD.	CITY-ST-ZIP WPB, FL 33417		NAME TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
STREET ADDRESS 14236 ASTER AVE	CITY-ST-ZIP WELLINGTON, LF 33414		NAME VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
STREET ADDRESS 129 HAMMOCKS CT	CITY-ST-ZIP GREENACRES, FL 33413		NAME TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS 2621 VILLAGE BLVD.	CITY-ST-ZIP WEST PALM BEACH, FL		NAME PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
STREET ADDRESS 	CITY-ST-ZIP 		NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS 	CITY-ST-ZIP 		NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 617, 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: <u>Robert Ryan</u> ROBERT RYAN				DATE: <u>10-29-04</u> (56)798-0941			