

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P02000099517**



**FILED**

06 DEC -7 PM 12: 20

1. Entity Name,  
**THE PALM BEACH KINGDOM CORP**

Principal Place of Business  
**2803 CROWN CT  
DELRAY BEACH, FL 33445**

Mailing Address  
**2803 CROWN CT  
DELRAY BEACH, FL 33445**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
07/25/06 400004 025 180

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**51-0425680**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

**REINSTATEMENT** CR2E098 (11/05) 06

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAX HOUSE CORPORATION  
1261 E SAMPLE RD  
POMPANO BEACH, FL 33064**

Name  
**Vanilson C Sousa**

Street Address (P.O. Box Number is Not Acceptable)

**2803 CROWN CT**

City  
**Delray BCH**

FL

Zip Code  
**33445**

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

**11-09-06**

**FILE NOW!!! FEE IS \$150.00**  
After January 1, 2007, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PSD  
SOUSA, VANILSON C  
2803 CROWN CT  
DELRAY BEACH, FL 33445**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PTD  
GAGINI, PRISCILA LOPES  
2803 CROWN CT  
DELRAY BEACH, FL 33445**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
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CITY-ST-ZIP

Change  Addition

TITLE  
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CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

**Vanilson C Sousa 11/09/06 (561)674 2839**

Date

Daytime Phone #