


FILED

06 JAN 19 PM 9:06

**2005 FOR PROFIT CORPORATION REINSTATEMENT**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000077265			
1. Entity Name RIVER PALM, INC.			
Principal Place of Business 2325 NE INDIAN RIVER DRIVE JENSEN BEACH, FL 34957		Mailing Address 2325 NE INDIAN RIVER DRIVE JENSEN BEACH, FL 34957	
2. Principal Place of Business		3. Mailing Address: <i>C/O</i> 115 East 69th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		Att: <i>Earl A. Samson III</i> City & State New York, NY	
Zip	Country	Zip	Country
		10021	USA
4. FEI Number 65-0530206		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GART, DAVID A SHUTTS & BOWEN 280 AUSTRALIAN AVE.S., #500 ONE CLEARLAKE W. PALM BEACH, FL 33401		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <i>David Gart</i>		DATE: <i>1/12/06</i>	
FILE NOW!!! FEE IS \$700.00 After January 1, 2006, Fee will be \$800.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTPS WAKEMAN, RUFUS II 646 NE RIVER TERRACE JENSEN BEACH, FL 34957 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP / T Earl A. Samson III 115 E. 69th Street New York, NY 10021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS WAINWRIGHT, JONATHAN 100 MAIDEN LANE NEW YORK, NY <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Wainwright, Jonathan One World Financial Center New York, NY 10281 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Berg, Peter Van Dyk 115 E. 69th Street New York, NY 10021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Miller, Kenneth 115 E. 69th Street New York, NY 10021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(c), 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: <i>[Signature]</i>		DATE: <i>12/29/05</i>	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

**REINSTATEMENT 0506**

Division of Corporations

Florida Department of State  
Division of Corporations  
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Division of Corporations  
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From:

Account Name : SHUTTS & BOWEN LLP OPERATING ACCOUNT  
Account Number : I20030000037  
Phone : (561)835-8500  
Fax Number : (561)650-8530

CORPORATION REINSTATEMENT

RIVER PALM, INC.

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