2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000114334

Entity Name: PALM BEACH HOOD AND DETAIL INC.

FILED Oct 12, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

796 NW 1ST AVENUE 37 W.PINETREE AVE BOCA RATON, FL 33432 LAKE WORTH, FL 33467

Current Mailing Address: New Mailing Address:

796 NW 1ST AVENUE 37 W.PINETREE AVE LAKE WORTH, FL 33467 BOCA RATON, FL 33432

FEI Number: 20-3321610 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LACHARITE, MATTHEW LACHARITE, MATTHEW 796 NW 1ST AVENUE 37 W.PINETREE AVE BOCA RATON, FL 33432 US LAKE WORTH, FL 33467 US

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.

SIGNATURE: MATTHEW LACHARITE 10/12/2006

> Electronic Signature of Registered Agent Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition LACHARITE, MATTHEW LACHARITE, MATTHEW Name: Name: 796 NW 1ST AVENUE 37 W PINETREE AVE Address: Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: LAKE WORTH, FL 33467

() Delete Title: SVD Title: SVD (X) Change () Addition

Name: LACHARITE, LORY Name: LACHARITE, LORY 796 NW 1ST AVENUE Address: 37 W.PINETREE AVE Address: LAKE WOTH, FL 33467 BOCA RATON, FL 33432 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW LACHARITE PTD 10/12/2006