

2006 Annual Report Form

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUL 12 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 595961

1. Corporation Name

PALM BEACH TAILORING, INC.

2. Principal Office Address

2212 N. DIXIE HWY

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

33460

Country

US

3. Mailing Office Address

2212 N. DIXIE HWY

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

33460

Country

US

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/1978

5. FFL Number

59-1977604

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ALICE YAZBEK

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

2212 N. DIXIE HWY

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33460

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ALICE YAZBEK	2212 N. DIXIE HWY	LAKE WORTH, FL 33460

10. 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 contained in Chapter 119, 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:

alice yazbek

ALICE YAZBEK

6/29/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #