



2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # L45570 1. Entity Name PALM BEACH HOSE & FITTINGS, INC.						SECRETARY OF STATE DIVISION OF CORPORATIONS 06 OCT 20 AM 8:22 REINSTATEMENT <u>06</u>	
Principal Place of Business 3555 FISCAL COURT UNIT #1 RIVERA BEACH, FL 33404 US				Mailing Address 5627 COMMERCE DR ORLANDO, FL 32839-2977			
2. Principal Place of Business		3. Mailing Address		 10122006 REIN-P CR2E098 (11/05) 4. FEI Number 65-0217114 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BENNETT, EDWARD E. 5627 COMMERCE DR ORLANDO, FL 32839				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENNETT, GORDON E 5627 COMMERCE DR ORLANDO, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	500081084795 10/20/06--01065--012 **158.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENNETT, EDWARD E 5627 COMMERCE DR ORLANDO, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BENNETT, EVELYN 5627 COMMERCE DR ORLANDO, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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: <u>Evelyn Bennett</u> EVELYN BENNETT 10/10/09 407-851-3536 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							