



2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000033918 1. Entity Name JOSEPH M. DAPONTE, INC.						FILED 06 JUN 26 PM 3:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 619 "O" STREET WEST PALM BEACH, FL 33401				Mailing Address 619 "O" STREET WEST PALM BEACH, FL 33401			
2. Principal Place of Business 600 SOUTH DIXIE HWY		3. Mailing Address 600 SOUTH DIXIE HWY		 REINSTATEMENT 05-06 06192006 REIN-P CR2E098 (1/05)			
Suite, Apt. #, etc. APT- 642		Suite, Apt. #, etc. APT- 642					
City & State WEST PALM BEACH, FL.		City & State WEST PALM BEACH, FL.					
Zip 33401		Country U.S.A.		Zip 33401		Country U.S.A.	
4. FEI Number 65-0993658				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 DAPONTE, JOSEPH M 619 O STREET WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name JOSEPH M. DAPONTE Street Address (P.O. Box Number is Not Acceptable) 600 SOUTH DIXIE HWY. #642 City WEST PALM BEACH FL Zip Code 33401			
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>Joseph M. Daponte</i> 6-21-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$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	P DAPOINTE, JOSEPH <input type="checkbox"/> Delete 619 "O" STREET WEST PALM BEACH, FL 33401			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOSEPH M. DAPONTE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 SOUTH DIXIE, HWY. #642 WEST PALM BEACH, FL. 33401		
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		
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		
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		
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		
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 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.				600077095406 07/06/06--01060--026 **300.00			
SIGNATURE: <i>Joseph M. Daponte</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				6-21-06 561-868-7095 <small>Date Daytime Phone #</small>			