PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED D3 SEP 25 PM 4:05
DOCUMENT # B01000077500 1. Corporation Name		SECRETARY OF STATE SECRETARY OF STATE FALLAHASSEE, FLORIDA
DRAPERIES OF PALM BE	ACH, INC.	02-03 UBR
2. Principal Office Address	3. Malling Office Address	-
1392 N. Killian Dr.	1392 N. Killian Dr.	800023338078
Suite, Apt. #, etc.	Suite, Apt. #, etc.	09/25/0301047001 **308.75
Suite 5	Suite-5	4. Date Incorporated or Qualified To Do Business in Florida
City & §tate	City & State	08/07/2001
Lake Park, FL	Lake Park, FL	5. FEI Number Applied For none X Not Applicable
Zip 📞 Country	Zip Country	6.
33403 USA	33403 USA	CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name SANDY COSTELLO		
Street Address (P.O. Box Number is Not Acceptable)		
1392 North Killian Drive		
Suite, Apt. #, Etc.		
Suite 5 City State Zip Code		
Lake Parkk FL 33403		
8. I, being appointed the registered agent of the above named exporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date 9/22/03 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 Eac Officer and/or Directo	h City / State / Zin
D Sandy Costello	1-392 N. Kill-ian	Dr, #5 Lake Park, FL 33403
T Ellen Sanchez-Ga	arcia 1392 N. Killian	Dr., #5 Lake Park, FL 33403
S Ellen Sanchez-Ga	arcia 1392 N. Killian	Dr., #5 Lake Park, FL 33403
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 under section 119.07(3)(i), 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: SIGNATURE AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Date:		

DR 9/29

יעלבטפון נוטיטגן

HILLEY & WYANT-CORTEZ, P.A.

Attorneys at Law 860 US Highway One, Suite 108 North Palm Beach, FL 33408

V. Donald Hilley V. Claire Wyant-Cortez TELEPHONE (561) 627-0009 FACSIMILE (561) 627-4900

September 17, 2003

Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE:

Corporate Reinstatement

-Draperies of Palm Beach, Inc.

Document No: P01000077500

To Whom It May Concern:

Please be advised that this firm represents Draperies of Palm Beach, Inc., with regards to the above. Enclosed please find the reinstatement application with changes to the registered agent, principal address and mailing address.

Additionally, this letter comes to request a waiver of the reinstatement fee from the State of Florida. Draperies of Palm Beach, Inc. failed to pay the annual corporation fee in 2002 and was administratively dissolved. The registered agent had moved its office and the principal address and mailing address for the corporation had changed near the end of 2002 and did not receive the annual renewals from the State of Florida were not received.

I have enclosed the appropriate fee of \$300.00 to cover the annual fee for 2002 and 2003 as directed by a telephone assistant at the Division of Corporations. Additionally, I have enclosed a separate check in the amount of \$8.75 for a certificate of status to be issued once Draperies of Palm Beach, Inc. has been reinstated to active status.

I appreciate your cooperation in this matter. Please fell free to contact me should you have any questions or concerns.

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Enclosures

Sincerely,