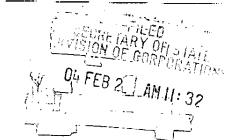
PLEASE READ ALL INSTRUCTIONS BEFORE COM





FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS



DOCUMENT # P01000099008 1. Corporation Name REINSTATEMENT 02-03 S & P ENTERPRISES OF PALM BEACH, INC.

2. Principal Office Address 3. Mailing Office Address 821 SOUTH DIXIE HIGHWAY Suite, Apt. #. etc. Suite, Apt. #, etc. 4. Date incorporated or Qualified 10/08/2001 To Do Business in Florida City & State City & State 5. FEI Number Applied For LAKE WORTH, FL 65-1148868 Not Applicable Country Zip Country CERTIFICATE OF STATUS DESIRED 2 S8.75 Additional Fee required 33460

				191 à Cerdificate		
7. Name and Address of Current Registered Agent						
MICHAEL J MCGC	DEY, CPA, INC					
Street Address (P.O. Box Number is No	639 EAS	T OCEAN AVEN	IUE			
Suite, Apt. #, Etc. SUITE 101			·· · · · · · · · · · · · · · · · · · ·	`		
BOYNTON BEACH		,	State FL	zip Code 33435		

8. I, being appointed the registered agent of the above named corpora	alion, am familiar	with and eccept the obligations of a	section 607.0505 or 617.0503, F.S.
		/	

Signature of Registered Agent REGISTERED AGENT MUST SIGN

01/12/04

Tilles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	FRANGISKAKIS, Panagiotis	821 SOUTH DIXIE HIGHWAY	LAKE WORTH FL 33460
SD	FRANGISKAKIS, Spyril don	821 SOUTH DIXIE HIGHWAY	LAKE WORTH FL 33460
	'		
		-	

^{10.} I carlify 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/04

Deytima Phona #