


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000065801		
1. Entity Name PAULMARIE DEVELOPMENT INC.		

FILED  
04 DEC 14 AM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11082004 REIN-P CR2E098 (6/04)

Principal Place of Business 2875 SPANISH RIVER ROAD BOCA RATON, FL 33432	Mailing Address 2875 SPANISH RIVER ROAD BOCA RATON, FL 33432
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2. Principal Place of Business <i>2875 SPANISH RIVER RD</i>	3. Mailing Address <i>2875 SPANISH RIVER RD</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>BOCA RATON, FLORIDA</i>	City & State <i>BOCA RATON, FLORIDA</i>	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Zip <i>33432</i>	Country <i>USA</i>	Zip <i>33432</i>	Country <i>USA</i>

6. Name and Address of Current Registered Agent D'AMBROSIO, GERALD J 199 BOCA RATON RD SUITE 1A BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAOLINO, PAUL 2875 SPANISH RIVER DRIVE BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900043387389</b> <b>12/14/04--01017--014 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S ZACCARIA, MARIE 2875 SPANISH RIVER DRIVE BOCA RATON, FL 33432 <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
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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 exemption stated in Section 119.07(3)(i), 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: *Paul Paolino* 12/3/04 (561) 367-7672  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #