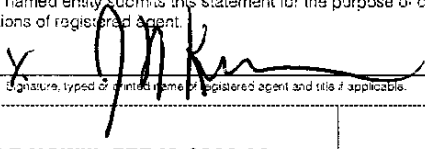
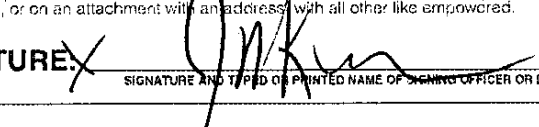


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 MAY 11 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 04-05

DOCUMENT # P02000084098			
1. Entity Name DECORATORS DELITE OF THE PALM BEACHES, INC.			
Principal Place of Business 2587 E ROAD LOXAHATCHEE, FL 33470		Mailing Address 2587 E ROAD LOXAHATCHEE, FL 33470	
2. Principal Place of Business 1616 N. Florida Mango Rd. Suite, Apt. #, etc. A-3		3. Mailing Address 5700 Suite, Apt. #, etc.	
City & State West Palm Beach		City & State	
Zip 33409	Country Palm Beach	Zip	Country
4. FEI Number 06-1643026		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KINACK, JOSEPH 2587 E ROAD LOXAHATCHEE, FL 33470		7. Name and Address of New Registered Agent Name: Kinnack, Joseph Street Address (P.O. Box Number is Not Acceptable): 1616 N. Florida Mango Rd A-3 City: West Palm Beach FL Zip Code: 33409	
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 \$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 KINACK, JOSEPH 2587 E ROAD LOXAHATCHEE, FL 33470 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kinnack, Joseph 1616 N. Florida Mango Rd A-3 West Palm Beach, FL 33409 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINACK, TERRI 2587 E ROAD LOXAHATCHEE, FL 33470 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000055571290 06/01/05--01026--014 **150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000055571290 06/01/05--01026--015 **150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		04/27/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	