2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 MAY 11 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDMENT 04-05

DOCUMENT # P02000084098

1. Entity Name
DECORATORS DELITE OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
2587 E ROAD LOXAHATCHEE, FL 33470	2587 E ROAD LOXAHATCHEE, FL 33470

04142005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
1616 N. Florida Mango Rd.	5700
Suite, Apt. #, etc. A-3	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	7. Name and Address of New Registered Agent
KINACK, JOSEPH 2587 E ROAD LOXAHATCHEE, FL 33470	Name: Kinack, 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: X _____
Signature, typed or printed name of registered agent and title if applicable. (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 Kinack, 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
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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: X _____ 04/27/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #