2005 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT							•	(!!)		
DOCUMENT # P02000109346 1. Entity Name THE PALM BEACH COMPANY						05 MAY 26 /// 10: 29				
									ALL PAIDA	
Principal Place of Business 9990 BELVEDERE RD. INSIDE WAL-MART W PALM BEACH, FL 33411-2511		Mailing Address 9990 BELVEDERE RD. INSIDE WAL-MART W PALM BEACH, FL 33411-2511				1 88 1 88 110	#### # # ##			
2. Principal Place of Business		3. Mailing Address 405 LAKE CAROL PANEL								
Suite, Apt #, etc.		Suite, Apt. #, etc. of OMARKO MILOGAR			322005	REIN-P	CBas	008 (010 4).	04-04	
City & State		City & State WEST PALM BEACH, FL			<u>. </u>	4. FEI Numbe 51-042				plied For ot Applicable
Zip	Country	33411	Coun	itry LM BE	ACK	5. Certificate	of Status Desire		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent		Name				w Registered A	Agent	
MILOBAR, MARKO J 4220 S.E. 58TH PLACE OCALA, FL 34480							er is Not Accept			
							·		1114	
				City	3 2	PARE	M R.	OL OR ACH FL	Zip Cod	e
8. The above	named entity submits this statement fo	r the ourpess of changing its	registeri	ed office or re	م ل خما enistera	ed agent or bot	th in the State of	ACT FL	amiliar with	and accent
SIGNATURE_	Signature, typed or printed name of registers agent	and title if applicable. (NOT	E: Register	ed Agent signatu	re require	d when reinstating)	In accordan	DATE ce with s. 607 did not receive	.193(2)(b),	F.S., the
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	<u> </u>	OFFICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YATCYSN, MARY 6901 W OKEECHOBEE BLVD, A W PALM BEACH, FL 33411251			ie I	143 WE	93 HOR	SE 6 HOE		Change &	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILOBAR, MARKO 34 ALMOND DR OCALA, FL 34472	☐ Delete		ie Eet address	40	5 LAK	E CAR	OL DAINE ACH,	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete				1 C 05/26	00055 /05010	53 41 5 02001	□ Change 5 □ 1 **308.	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empty, or on an attachment with an address,	s true and accurate and that r owered to exec <u>ut</u> e this report	my signa as requi	iture shall havired by Chapi	re the s	ame legal effec , Florida Statute	t as if made un es; and that my	der oath; that I a name appears in	am an officer n Block 10 o 5 6	or director r Block 11 if



May 24, 2005

Division of Corporations 409 E. Gaines Street Tallahassee, Fl. 32399

Gentlemen;

Please allow this letter as our request for a waiver from any penalty with our request for reinstatement of our Sub-S Corporation The Palm Beach Company # P02000109346.

We did not receive any renewal notice and also our bookkeeping office was damaged by the Hurricanes Francis and Jean.

We are sorry for this lateness on our part. If you require any additional information, please contact me at the phone number or address below. Thank you in advance for your help with this matter.

/Marko J. Milobar