

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000029097</b> 1. Entity Name <b>RESTORATIONS OF THE PALM BEACHES, INC.</b>		
Principal Place of Business <b>11780 US HWY #1, STE 300 NORTH PALM BEACH, FL 33408</b>		Mailing Address <b>11780 US HWY #1, STE 300 NORTH PALM BEACH, FL 33408</b>
2. Principal Place of Business, No P.O. Box # <b>4201 Waterview Circle</b>	3. Mailing Address <b>4201 Waterview Circle</b>	
Suite, Apt. #, etc. 	Suite, Apt. #, etc. 	
City & State <b>Palm Springs, Florida</b>	City & State <b>Palm Springs, Florida</b>	
Zip <b>33461</b>	Country <b>USA</b>	Zip <b>33461</b>
Country <b>USA</b>		Country <b>USA</b>
4. FEI Number <b>68-0545365</b>		
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>SCHNARE, JAMES H II 11780 US HWY #1, STE 300 NORTH PALM BEACH, FL 33408</b>		
7. Name and Address of New Registered Agent Name <b>David R. Reid</b> Street Address (P.O. Box Number is Not Acceptable) <b>4201 Waterview Circle</b> City <b>Palm Springs</b> <b>FL</b> Zip Code <b>33461</b>		
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 <b>David R. Reid President</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE <b>PRES</b>	<input type="checkbox"/> Delete	
NAME <b>REID, DAVID R MR.</b>		
STREET ADDRESS <b>2669 FOREST HILL BOULEVARD #231</b>		
CITY-ST-ZIP <b>WEST PALM BEACH, FL 33406</b>		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>Reid, David R. Mr.</b>		
STREET ADDRESS <b>4201 Waterview Circle</b>		
CITY-ST-ZIP <b>Palm Springs, FL 33461</b>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <b>7/14/09 (561) 891-8143</b> <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JUL 27 PM 2:42

REINSTATEMENT **08-09**



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