2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000039953

2301 OKEECHOBEE BLVD

WEST PALM BEACH, FL 33409

Address:

City-St-Zip:

FILED Sep 22, 2005 Secretary of State

Entity Nar	ne: COND	OR LEASING	G OF PALM BEACH	I COUNTY	, INC.				
Current Principal Place of Business:					New Principal Place of Business:				
2301 OKEE WEST PAL					2345 OKEE WEST PAL				
Current Mailing Address:					New Mailing Address:				
2301 OKEECHOBEE BLVD WEST PALM BEACH, FL 33409					2345 OKEECHOBEE BLVD WEST PALM BEACH, FL 33409				
FEI Number:	51-0459863	FEI Num	ber Applied For()	FEI Nur	nber Not Appli	cable ()	Certificate o	of Status Desired (X)	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
LAVINE, STEPHEN 2301 OKEECHOBEE BLVD WEST PALM BEACH, FL 33409 US					LAVINE, STEPHEN 2345 OKEECHOBEE BLVD WEST PALM BEACH, FL 33409 US				
The above in the State		ty submits th	is statement for the	purpose o	f changing it	s registere	d office or regis	stered agent, or be	oth,
SIGNATURE: STEPHEN LAVINE					09/22/2005				
	Elect	ronic Signatu	re of Registered Ag	gent			Dat	te	
			., the corporation did r d Contribution ().	not receive t	he prior notice) .			
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:		() Delete 5, MICHAEL CHOBEE BLVD 1/ BEACH, FL 3			Title: Name: Address: City-St-Zip:		() Change () A	Addition	
Title: Name: Address: City-St-Zip:		() Delete N CHOBEE BLVD 1/1 BEACH, FL 3			Title: Name: Address: City-St-Zip:		()Change ()A	Addition	
Title: Name:	D LAVINE, ST	()Delete EPHEN			Title: Name:	D LAVINE, ST	(X) Change()A EPHEN	Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: STEPHEN LAVINE DIR 09/22/2005

2345 OKEECHOBEE BLVD

WEST PALM BEACH, FL 33409