

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000104281

1. Entity Name
GREAT WALLS OF PALM BEACH, INC.



FILED

07 MAR 15 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
53 LAUREL OAKS CIRCLE
TEQUESTA, FL 33469

Mailing Address
53 LAUREL OAKS CIRCLE
TEQUESTA, FL 33469

2. Principal Place of Business - No P.O. Box #
1016 Clare Avenue
Suite, Apt. #, etc. 2

3. Mailing Address
1016 Clare Avenue
Suite, Apt. #, etc. 2

City & State
West Palm Beach, FL
Zip 33401 Country USA

City & State
West Palm Beach, FL
Zip 33401 Country USA



REINSTATEMENT 06-07

4. FEI Number
20-1850902
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 33311-4132

7. Name and Address of New Registered Agent

Name Anthony Carlone
Street Address (P.O. Box Number is Not Acceptable)
1016 Clare Avenue
West Palm Beach
City FL Zip Code 33401

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 Anthony Carlone, CEO DATE 3/8/07
(NOTE: Registered Agent signature required when reinstating)

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

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CARLONE, FRANK | |
| STREET ADDRESS | 53 LAUREL OAKS CIRCLE | |
| CITY-ST-ZIP | TEQUESTA, FL 33469 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CARLONE, ANTHONY | |
| STREET ADDRESS | 53 LAUREL OAKS CIRCLE | |
| CITY-ST-ZIP | TEQUESTA, FL 33469 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 1016 Clare Avenue |
| CITY-ST-ZIP | West Palm Beach, FL 33401 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 1016 Clare Avenue |
| CITY-ST-ZIP | West Palm Beach, FL 33401 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: Anthony Carlone, CEO DATE 3/8/07 DAYTIME PHONE # 813-71-9917
(NOTE: Signature and typed or printed name of signing officer or director)