


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000151483		
1. Entity Name OSMAN ENTERPRISES OF PALM BEACH, INC		

Principal Place of Business 741 CHERRY RD. WEST PALM BEACH, FL 33405	Mailing Address 741 CHERRY RD WEST PALM BEACH, FL 33405
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

06 JAN -3 AM 9:00

SEC. OF STATE  
TALLAHASSEE, FLORIDA



212005 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SANTOS, OSMAN 741 CHERRY RD WEST PALM BEACH, FL 33405		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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: Osman Noun Santos  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2006, Fee will be \$900.00</b>	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SANTOS, OSMAN N 741 CHERRY RD WEST PALM BEACH, FL 33405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Osman Noun Santos  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #