2005 FOR PROFIT CORPORATION REINSTATEMENT

والمتعارب المعاولة

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•	REINSTA	TEMENT		_
DOCUMENT # P04000156264 1. Entity Name V.D.L. OF PALM BEACH, INC.				FILED 05 0CT 20 PH 8: 18
Principal Place of Business 4613 TODD ST. LAKE WORTH, FL 33463		Mailing Address 4613 TODD ST. LAKE WORTH, FL 3346	53	SECRETAR LATATE TALLAHASSEE, FLORIDA
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		TO SELATE . C. C. C. P. Z. C. C. P. Z. C. C. P. Z. C. P.
City & State				4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current F	Registered Agent	Name	7. Name and Address of New Registered Agent
OLIVER, VICTOR 4613 TODD ST. LAKE WORTH, FL 33463				(P.O. Box Number is Not Acceptable)
		•	City	FL Zip Code
	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	E: Registered Agent signature req	uired when reinstating) DATE
	LE NOW!!! FEE IS \$150.00 nuary 1, 2006, Fee will be \$300.00	0		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIVER, VICTOR 4613 TODD ST. LAKE WORTH, FL 33463	□ Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10/20/05-01042-011 Change O. J. Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, 🗍 Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby of indicated of the cor	certify that the information supplied with lon this report or supplemental report is poration or the receiver or trustee engo- or on an attachment with an address	this filing does not qualify for true and accurate and that m wered to execute this report the all other like empowered.	the exemption stated in S ny signature shall have the as required by Chapter 60	Section 119.07(3)(i), Florida Statutes. I further certify that the information a same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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October 18, 2005

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

> Re: V.D.L. OF PALM BEACH, INC. P04000156264 Reinstatement

To Whom It May Concern:

Enclosed find check for \$150.00 to pay for the 2005 Annual Report. I never received the original notice and I did not know the Corporation had been dissolved.

Sincerely,

Victor Oliver