## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000060310

Entity Name: PALM DECOR, INC.

FILED May 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1380 N. KILLIAN DRIVE 1408 N. KILLIAN DRIVE SUITE 5 SUITE 106

LAKE PARK, FL 33403 LAKE PARK, FL 33403

Current Mailing Address: New Mailing Address:

P.O.BOX 531191

WEST PALM BEACH, FL 33403

FEI Number: 20-2730442 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

YEEND, JOHN FONSECA, ELIZABETH 1408 N KILLIAN DRIVE SUITE 106

1109 SOUTH CONGRESS AVENUE 1408 N KILLIAN DRIVE SUITE 106 WEST PALM BEACH, FL 33406 US WEST PALM BEACH, FL 33403 US

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.

SIGNATURE: ELIZABETH FONSECA 05/06/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete Title: DPS (X) Change ( ) Addition

 Name:
 FONSECA, GABRIEL
 Name:
 FONSECA, GABRIEL

 Address:
 1380 - 5 N. KILLIAN DRIVE
 Address:
 1408 N. KILLIAN DRIVE SUITE 106

 City-St-Zip:
 LAKE PARK, FL 33403 US
 City-St-Zip:
 LAKE PARK, FL 33403 US

Title: DVPT ( ) Delete Title: DVPT (X) Change ( ) Addition

Name: FONSECA, ELIZABETH Name: FONSECA, ELIZABETH
Address: P.O. BOX 531191 Address: 1408 N KILLIAN DRIVE SUITE 1

 Address:
 P.O. BOX 531191
 Address:
 1408 N KILLIAN DRIVE SUITE 106

 City-St-Zip:
 WEST PALM BEACH, FL 33403
 City-St-Zip:
 WEST PALM BEACH, FL 33403

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: ELIZABETH FONSECA DVPT 05/06/2009