PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION FL REINSTATEMENT	ORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 11 MAY -4 PM 2: 42
DOCUMENT # P08000107526 1. Corporation Name WEST PALM BEACH Antiques Festival INC.		SECRETARY OF STATE TALLAHASSEE, FLORIDA
14760 CONWAY ROAD PE	Mailing Office Address Box 27008 ite, Apt. #, etc.	700207211257 05/04/II01046011 ***900.00 CR2E081 (11/10)
City & State Pt. Charlotte, FL Zip 33981 Charlotte	y & State LIOBEAN, FL Country Charlotte	Date Incorporated or Qualified To Do Business in Florida 12 / 10 / 2008 5. FEI Number
7. Name and Address of Current Name William E Puch STEI Street Address (P.O. Box Number is Not Ageoptable) 14760 Conway Rd Suite, Apt. #, Etc. City Pt Charlotte		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date 4/22/// REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
P Roberta K Puchster	IN 14760 CONWAY RO.	AD Pt Charlotte, FL 33981
S William E Puchste	PIN 14760 CONWAY RO	1. Pt. Charlotte, FL 33981
REINSTATEMENT 10-11		
		3 5 5 111
10. E-mail Address: Puchsz@YAHOO.Com (To be used for future annual report notification)		
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information subpritted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		