

2006 FOR PROFIT CORPORATION REINSTATEMENT

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|--|--|---------|--|--|--|---|--|
| DOCUMENT # P94000017237 1. Entity Name DOOR PRO OF THE PALM BEACHES INC. | | | |  | | FILED 06 APR 14 PM 12:03  | |
| Principal Place of Business 1461 FAIRGREEN RD. WEST PALM BEACH, FL 33417 | | | | Mailing Address 1461 FAIRGREEN RD. WEST PALM BEACH, FL 33417 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | | | City & State | | | |
| Zip | | Country | | Zip | | Country | |
| 4. FEI Number 65-0519827 | | | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent ROSENBAUM, JAMES B 1461 FAIRGREEN RD. WEST PALM BEACH, FL 33417 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | | |
| 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:  DATE: 4/8/06 | | | |
| 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 | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE: PTD NAME: ROSENBAUM, JAMES B. STREET ADDRESS: 1461 FAIRGREEN RD. CITY-ST-ZIP: WEST PALM BEACH, FL | | | | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: | | | |
| TITLE: SD NAME: ROSENBAUM, BRENDA I. STREET ADDRESS: 1461 FAIRGREEN RD. CITY-ST-ZIP: WEST PALM BEACH, FL | | | | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: | | | |
| TITLE: <input type="checkbox"/> Delete 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"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: | | | | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: | | | |
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| TITLE: <input type="checkbox"/> Delete 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:  | | | | Date: 4-8-06 Daytime Phone #: 561-689-3667 | | | |