

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000061804

1. Entity Name
PALM BEACH BOOK AND VIDEO INC.



FILED

05 NOV 21 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
4266 LAKE WORTH ROAD
LAKE WORTH, FL 33461

Mailing Address
4266 LAKE WORTH ROAD
LAKE WORTH, FL 33461

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10142005 REIN-P CR2E098 (6/04)

4. FEI Number
65-0605791

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRIEDLAND & CO, P.A.
9100 S DADELAND BLVD STE 1510
MIAMI, FL 33156

Name FRIEDLAND & CO P.A.
Street Address (P.O. Box Number is Not Acceptable) 12940 S.W. 128th ST. #202
City MIAMI FL Zip Code 33186

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00

After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME CARIAS, JOSUE A
STREET ADDRESS 4266 LAKE WORTH ROAD
CITY-ST-ZIP LAKE WORTH, FL 33461

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME CARIAS, MARGARITA
STREET ADDRESS 4266 LAKE WORTH ROAD
CITY-ST-ZIP LAKE WORTH, FL 33461

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

Josue Carias
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-05 (SG) 756 6911
Date Daytime Phone #