

REINSTATEMENT

2008

For Profit

06-23-2008 90001 037 ***158.75
P96000046758

FILED

08 OCT 16 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06022008 Chg-P CR2E034 (12/06)

DOCUMENT # P96000046758 1. Entity Name THE PALM BEACH GROUP, INC.			
Principal Place of Business 3031 S OCEAN BLVD PALM BEACH, FL 33480 US		Mailing Address 3031 S OCEAN BLVD PALM BEACH, FL 33480 US	
2. Principal Place of Business - No P.O. Box # <u>1141 Summit Place Circle</u> Suite, Apt. #, etc. <u>#C</u> City & State <u>West Palm Beach, FL</u> Zip <u>33415</u> Country <u>USA</u>		3. Mailing Address <u>1141 Summit Place Circle</u> Suite, Apt. #, etc. <u>#C</u> City & State <u>West Palm Beach, FL</u> Zip <u>33415</u> Country <u>USA</u>	
4. FEI Number 65-0681483		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GROVES, CAROL 1141 SUMMIT PLACE CIR #C WEST PALM BEACH, FL 33415		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code	
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Carol Groves</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GROVES, CAROL 1141 SUMMITT PLACE CR #C WEST PALM BEACH, FL 33415	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>Carol Groves</u> <small>Date</small> <u>6/15/08</u> <small>Daytime Phone #</small>	

REINSTATEMENT

RM