2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 01, 2006
Secretary of State

DOCUMENT# P98000056847

Entity Name: PALACE OF EMERALD COAST, INC.

Current Principal Place of Business:

1219 HWY 98
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

1219 HWY 98
FT. WALTON BEACH, FL 32548

New Mailing Address:

9705 HWY 98 W
DESTIN, FL 32550

FEI Number: 59-3568370 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERSHKOWITS, CHAIM
1219 HWY 98
FT. WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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: CHAIM HERSHKOWITS
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:

Title: P ( ) Delete
Name: HERSHKOWITS, CHAIM
Address: 1219 HWY 98
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: VP ( ) Delete
Name: CARMELI, ALON
Address: 1219 HWY 98
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: ST ( ) Delete
Name: HERSHKOWITS, MICHELLE
Address: 1219 HWY 98
City-St-Zip: FT. WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHELLE HERSHKOWITS TR 11/01/2006
Electronic Signature of Signing Officer or Director Date