


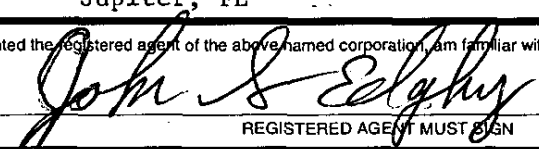
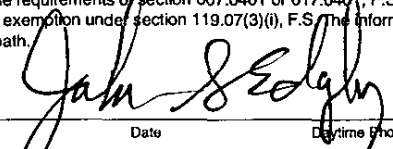
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000093923			
1. Corporation Name PALM BEACH REMOVALS, INC.			
2. Principal Office Address 18794 S. Golden Hawk Trail Suite, Apt. #, etc. City & State Jupiter, FL 33458 Zip 33458 Country		3. Mailing Office Address Same Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida 10/22/1999		5. FEI Number 593357330 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent Name Edgley, John S. Street Address (P.O. Box Number is Not Acceptable) 18794 S. Golden Hawk Trail Suite, Apt. #, Etc. City Jupiter, FL State FL Zip Code 33458			
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 3/10/04 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	City / State / Zip
P	Edgley, John S.	18794 S. Golden Hawk Trail	Jupiter, FL 33458
10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____			

CR2E081 (01/04)

**JONES
FOSTER
JOHNSTON
& STUBBS, P.A.**
Attorneys and Counselors

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E-Mail: smcmullen@jones-foster.com

February 13, 2004

Corporate Records Bureau
Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, Florida 32301

Re: Palm Beach Removals, Inc.

Gentlemen:

Enclosed is a Corporation Reinstatement form for Palm Beach Removals, Inc. The corporation did not receive notice of the 2003 Uniform Business Report and requests that penalties be waived.

Also enclosed is our check in the amount of \$300.00 payable to the Department of State to cover the \$150.00 fee for the 2003 Uniform Business Report and the \$150.00 fee for the 2004 Uniform Business Report. Please reinstate the corporation.

Please date stamp and return the extra copy of the UBR in the enclosed stamped and self-addressed envelope.

Sincerely,

JONES, FOSTER, JOHNSTON & STUBBS, P.A.

By


Scott L. McMullen

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Enclosures