

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000098786

1. Entity Name
INVESTMENT PUBLICATIONS OF THE PALM BEACHES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 31 AM 7:46

Principal Place of Business
**1650 S.W. MALMO RD.
PORT ST. LUCIE, FL 34953**

Mailing Address
**1650 S.W. MALMO RD.
PORT ST. LUCIE, FL 34953**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12292008 REIN-P CR2E098 (1/07)

City & State

City & State

4. FEI Number

65-0959381

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CHIPPAS, WILLIAM M
1650 S.W. MALMO RD.
PORT ST. LUCIE, FL 34953**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

William Chippas

(NOTE: Registered Agent signature required when reinstating)

DATE

12/27/2008

**FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CHIPPAS, WILLIAM
1650 S.W. MALMO RD.
PORT ST. LUCIE, FL 34953**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**900139488739
01/05/09--01064--015 **158.75**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CHIPPAS, DANIELA
1650 S.W. MALMO RD.
PORT ST. LUCIE, FL 34953**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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

William Chippas

REINSTATEMENT

08