


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**  
**09 JAN -5 PM 4: 15**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

<b>DOCUMENT # 714366</b> 1. Entity Name EAST PALMETTO WOMENS CLUB, INC.	
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Principal Place of Business 1600 8TH AVENUE WEST PALMETTO, FL 34221 US	Mailing Address 1600 8TH AVENUE WEST PALMETTO, FL 34221 US
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2. Principal Place of Business - No P.O. Box # 1600 8th Ave W. Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Palmetto, Florida Zip 34221 Country Manatee	City & State Zip Country
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4. FEI Number 59-2456840	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent DANIELS, EVA 1801 5TH AVE WEST PALMETTO, FL 34221	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 Eva A. Daniels DATE 12/30/08

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$236.25**  
**After January 1, 2009, Fee will be \$297.50**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	DANIELS, EVA <input type="checkbox"/> Delete	NAME	<u>Pres</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1801 5TH AVE WEST	STREET ADDRESS	<b>600139484626</b>
CITY-ST-ZIP	PALMETTO, FL 34221	CITY-ST-ZIP	01/05/09--01053--015 **297.50
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, DOROTHY	NAME	
STREET ADDRESS	3004 9TH AVE. DR., E.	STREET ADDRESS	
CITY-ST-ZIP	PALMETTO, FL 34221	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALKMAN, MELDORE	NAME	
STREET ADDRESS	210 15TH ST. W.	STREET ADDRESS	
CITY-ST-ZIP	PALMETTO, FL 34221	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Miller</u>	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 617, 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: Melrose Balkman DATE 12/30/08 DAYTIME PHONE # 941-722-8764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR