

**2008 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 25, 2008  
Secretary of State**

DOCUMENT# P04000160682

Entity Name: LIFESAVERS OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

2036 VALENCIA DRIVE  
DELRAY BEACH, FL 33445 US

**Current Mailing Address:**

**New Mailing Address:**

2036 VALENCIA DRIVE  
DELRAY BEACH, FL 33445 US

FEI Number: 74-3135355      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HAMMOND, ROBERTA A  
2036 VALENCIA DRIVE  
DELRAY BEACH, FL 33445 US

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: ROBERTA A. HAMMOND

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:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HAMMOND, ROBERTA A  
Address: 2036 VALENCIA DRIVE  
City-St-Zip: DELRAY BEACH, FL 33445 US

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

Title: VPD ( ) Delete  
Name: HAMMOND, BOB D  
Address: 2036 VALENCIA DRIVE  
City-St-Zip: DELRAY BEACH, FL 33445 US

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBERTA A. HAMMOND

PD

10/25/2008

Electronic Signature of Signing Officer or Director

Date