2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# 293244

Entity Name: PAMAL CORPORATION

Current Principal Place of Business:

227-F ALCONESE AVE . SE
P.O. DRAWER 4007
FT WALTON BEACH, FL 32548

New Principal Place of Business:

652 BEAL PKWY N.
G
FT WALTON BEACH, FL 32547

Current Mailing Address:

P.O. BOX 4007
FT WALTON BEACH, FL 32548

New Mailing Address:

652 N. BEAL PKWY
G
FT WALTON BEACH, FL 32547

FEI Number: 59-1160083 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COOKE,FRED C
227-F ALCONESE AVE SE
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: FRED C. COOKE

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: PD ( ) Delete
Name: COOKE, FRED C.,
Address: 227-F ALCONESE AVE SE
City-St-Zip: FT WALTON BEACH, FL

Title: SD ( ) Delete
Name: SCHEEL, PAMELA C
Address: 652 BEAL PKWY N
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VD ( ) Delete
Name: COOKE, GARY D.,
Address: 227-F ALCONESE AVE SE
City-St-Zip: FT WALTON BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: COOKE, FRED C.,
Address: 227-F ALCONESE AVE SE
City-St-Zip: FT WALTON BEACH, FL 32548

Title: SD (X) Change ( ) Addition
Name: SCHEEL, PAMELA C
Address: 652 G BEAL PKWY N.
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VD (X) Change ( ) Addition
Name: COOKE, GARY D.,
Address: 652 G BEAL PKWY N.
City-St-Zip: FT WALTON BEACH, FL 32547

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: PAMELA C. SCHEEL SD 02/25/2009

Electronic Signature of Signing Officer or Director — Date