

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 320979

Entity Name: FOLSOM OF FLORIDA, INC.

FILED
Oct 13, 2009
Secretary of State

Current Principal Place of Business:

1851 GUNN HWY
ODESSA, FL 33550 US

New Principal Place of Business:

Current Mailing Address:

43 MCKEE DR.
MAHWAH, NJ 07430

New Mailing Address:

FEI Number: 59-1196652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, DAVE
8613 MILES RD
ODESSA, FL 33556 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: DAVE DAVIS

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FELDSOTT, LOUIS
Address: 71 STONELEIGH RD.
City-St-Zip: SCARSDALE, NY 10583

Title: ST () Delete
Name: FELDSOTT, EDWARD
Address: 67 HEIGHTS ROAD
City-St-Zip: RIDGEWOOD, NJ 07450

Title: VD () Delete
Name: DAVIS, DAVE.
Address: 8613 MILES ROAD
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: NEIL ASH

CPA

10/13/2009

Electronic Signature of Signing Officer or Director

Date