

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F08000000395

Entity Name: PALS PLACES INC

FILED
Oct 02, 2009
Secretary of State

Current Principal Place of Business:

ONE INDEPENDENT DR., STE. 1300
C/O JOHN J. WOLFEL JR, ESQ, FOLEY LARDNER
JACKSONVILLE, FL 32202

Current Mailing Address:

ONE INDEPENDENT DR., STE. 1300
C/O JOHN J. WOLFEL JR, ESQ, FOLEY LARDNER
JACKSONVILLE, FL 32202

New Principal Place of Business:

740 N. COLLIER BLVD
SUITE 105
MARCO ISLAND, FL 34145

New Mailing Address:

740 N. COLLIER BLVD
SUITE 105
MARCO ISLAND, FL 34145

FEI Number: 26-1201410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F & L CORP.
ONE INDEPENDENT DR., STE. 1300
JACKSONVILLE, FL 32202 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: JOHN J. WOLFEL JR, ESQ, FOLEY LARDNER

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: DP () Delete
Name: KOON, CURT
Address: 167 N. COLLIER BLVD., UNIT J-10
City-St-Zip: MARCO ISLAND, FL 34145

Title: DST () Delete
Name: KOON, JACQUIE
Address: 167 N. COLLIER BLVD., UNIT J-10
City-St-Zip: MARCO ISLAND, FL 34145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CURT KOON

DP

10/02/2009

Electronic Signature of Signing Officer or Director

Date