

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F94000005220

FILED  
Jun 24, 2008  
Secretary of State

Entity Name: PALM FOUNDATION HOME DIVISION, INC.

## Current Principal Place of Business:

524 111TH AVENUE NORTH  
NAPLES, FL 34108 US

## New Principal Place of Business:

5133 CASTELLO DR  
100  
NAPLES, FL 34105 US

## Current Mailing Address:

524 111TH AVENUE NORTH  
NAPLES, FL 34108 US

## New Mailing Address:

5133 CASTELLO DR  
100  
NAPLES, FL 34105 US

FEI Number: 88-0326733

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOVELESS, STEVEN H  
524 111TH AVENUE NORTH  
NAPLES, FL 34108 US

## Name and Address of New Registered Agent:

LOVELESS, STEVEN H  
5133 CASTELLO DR  
100  
NAPLES, FL 34105 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: STEVEN LOVELESS

06/24/2008

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: PSTD ( ) Delete  
Name: LOVELESS, STEVEN H.  
Address: 524 111TH AVENUE NORTH  
City-St-Zip: NAPLES, FL 34108 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: LOVELESS, STEVEN H.  
Address: 5133 CASTELLO DR #100  
City-St-Zip: NAPLES, FL 34105 US

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: STEVEN LOVELESS

PSTD

06/24/2008

Electronic Signature of Signing Officer or Director

Date