2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 30, 2008
Secretary of State

DOCUMENT# N01000001044

Entity Name: PALM BEACH EYE FOUNDATION, INC.

Current Principal Place of Business:

2889 10TH AVENUE NORTH
LAKE WORTH, FL 33461

New Principal Place of Business:

2889 10TH AVENUE NORTH
SUITE 306
LAKE WORTH, FL 33461

Current Mailing Address:

2889 10TH AVENUE NORTH
LAKE WORTH, FL 33461

New Mailing Address:

FEI Number: 65-1076165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COTTMAN, TOM
2889 10TH AVE N.
SUITE 306
LAKE WORTH, FL 33461 US

Name and Address of New Registered Agent:

COFFMAN, TOM
2889 10TH AVE N.
SUITE 306
LAKE WORTH, FL 33461 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: TOM COFFMAN 10/30/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PDD ( ) Delete
Name: COFFMAN, TOM
Address: 2839 10TH AVE N
City-St-Zip: LAKE WORTH, FL 33461

Title: SDD ( ) Delete
Name: COFFMAN, MADONNA
Address: 2889 10TH AVE N
City-St-Zip: LAKE WORTH, FL 33461

Title: D ( ) Delete
Name: FOUER, ILEANA
Address: 2889 10TH AVE N
City-St-Zip: LAKE WORTH, FL 33461

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MADONNA COFFMAN SDD 10/30/2008
Electronic Signature of Signing Officer or Director Date