2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 05, 2009
Secretary of State

DOCUMENT# N01000002291

Entity Name: ALL-MOST FAMILY, INC

Current Principal Place of Business:

4047 OKEECHOBEE BLVD
STE 124
WEST PALM BEACH, FL 33409 US

New Principal Place of Business:

Current Mailing Address:

4047 OKEECHOBEE BLVD
STE 124
WEST PALM BEACH, FL 33409 US

New Mailing Address:

FEI Number: 65-1091878 **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:

JOHNSON, CARMEN
224 CYPRESS TRACE
ROYAL PALM BEACH, FL 33411 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: CARMEN JOHNSON
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	JOHNSON, CARMEN	
Address:	224 CYPRESS TRACE	
City-St-Zip:	ROYAL PALM BEACH, FL 33411 US	
Title:	VP	( ) Delete
Name:	JOHNSON, RUPELL	
Address:	224 CYPRESS TRACE	
City-St-Zip:	ROYAL PALM BEACH, FL 33411 US	
Title:	T	( ) Delete
Name:	THOMAS, EVERALD	
Address:	9470 ATLANTIC ST.	
City-St-Zip:	MIRAMAR RIVER RUN, FL 33025 US	
Title:	S	( ) Delete
Name:	GILZENE, MARCIA	
Address:	4863 CHATHA COURT	
City-St-Zip:	WEST PALM BEACH, FL 33415 US	
Title:	D	( ) Delete
Name:	LAROCHE, MARCIA	
Address:	135 CARDOBA CIR	
City-St-Zip:	ROYAL PALM BEACH, FL 33411 US	

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:	
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: MARCIA LAROCHE D 10/05/2009
Electronic Signature of Signing Officer or Director — Date