

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000007873

**FILED**  
**Oct 12, 2006**  
**Secretary of State**

**Entity Name:** LICE SOLUTIONS RESOURCE NETWORK, INCORPORATED

**Current Principal Place of Business:**

4463 WESTROADS DR  
WEST PALM BEACH, FL 33458

**New Principal Place of Business:**

6758 N. MILITARY TR. SUITE 110  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

4463 WESTROADS DR  
WEST PALM BEACH, FL 33458

**New Mailing Address:**

6758 N. MILITARY TR.  
WEST PALM BEACH, FL 33407

**FEI Number:** 65-1152691      **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:**

GILMORE, CHAD  
3597 AIRPORT ROAD  
PAHOKEE, FL 33476      US

**Name and Address of New Registered Agent:**

GILMORE, CHAD  
61058 RIVERWALK LANE  
UNIT 6  
JUPITER, FL 33458      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: CHAD GILMORE

10/12/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: HOLM, TARA  
Address: 4318 BIRDWOOD ST  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: TD      ( ) Delete  
Name: GILMORE, CHAD  
Address: 3597 AIRPORT RD  
City-St-Zip: PAHOKEE, FL 33476

Title: SD      ( ) Delete  
Name: BECKSTROM, RONALD L  
Address: 247 BROOKVIEW DR  
City-St-Zip: VALDOSTA, GA 31602

Title: ED      ( ) Delete  
Name: SHEPHERD, KATIE  
Address: 6210 FOSTER ST  
City-St-Zip: JUPITER, FL 33458

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: TD      (X) Change ( ) Addition  
Name: GILMORE, CHAD  
Address: 61058 RIVERWALK LANE  
City-St-Zip: JUPITER, FL 33476

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 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: KATIE SHEPHERD

ED

10/12/2006

Electronic Signature of Signing Officer or Director

Date