2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000001386

Entity Name: PALM BEACH COUNTY FOOLS, INC.

FILED Dec 08, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

830 KIRK RD 3080 HOYLAKE RD

WEST PALM BEACH, FL 33406 LAKE WORTH, FL 33467

Current Mailing Address: New Mailing Address:

P.O. BOX 21083

WEST PALM BEACH, FL 33416

FEI Number: 03-0403467 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

YARBROUGH, BUDDY

830 KIRK RD.

YARBROUGH, BUDDY

3080 HOYLAKE RD

WEST PALM BEACH, FL 33406 US LAKE WORTH, FL 33467 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: BUDDY YARBROUGH 12/08/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 YARBROUGH, BUDDY
 Name:
 YARBROUGH, BUDDY

 Address:
 830 KIRK RD
 Address:
 3080 HOYLAKE RD

 City-St-Zip:
 WEST PALM BEACH, FL 33406
 City-St-Zip:
 LAKE WORTH, FL 33467

 Name:
 CLARK, BRUCE
 Name:
 GERLACH, CRAIG

 Address:
 830 KIRK RD
 Address:
 830 KIRK RD

City-St-Zip: WEST PALM BEACH, FL 33406 City-St-Zip: WEST PALM BEACH, FL 33406

Title: T (X) Delete Title: () Change () Addition

 Name:
 GERLACH, CRAIG
 Name:

 Address:
 830 KIRK RD
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33406
 City-St-Zip:

 $\label{eq:time_state} {\sf Title:} \qquad \qquad {\sf S} \qquad \qquad {\sf (X) \ Delete} \qquad \qquad {\sf Title:} \qquad \qquad {\sf (\) \ Change \ (\) \ Addition}$

 Name:
 ROGERS, GREG
 Name:

 Address:
 830 KIRK RD
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33406
 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: BUDDY YARBROUGH PRES 12/08/2007