

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000005955

Entity Name: PAYTON'S PALS, INC.

FILED
Oct 26, 2004
Secretary of State**Current Principal Place of Business:**P O BOX 667498
POMPANO BEACH, FL 33066**New Principal Place of Business:****Current Mailing Address:**P O BOX 667498
POMPANO BEACH, FL 33066**New Mailing Address:**FEI Number: 55-0790020 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:****Name and Address of New Registered Agent:**RAPPOPORT, ADI ESQ
C/O GUNSTER, YOAKLEY & STEWART, P.A.
777 S. FLAGLER DR, STE 500 E
WEST PALM BEACH, FL 33401 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: FREEMAN, DEBBIE
Address: 4758 S. HEMINGWAY CIR.
City-St-Zip: MARGATE, FL 33063Title: TD () Delete
Name: LETTER, DEBBIE
Address: 6445 ROYAL PALM BLVD.
City-St-Zip: MARGATE, FL 33063Title: SD () Delete
Name: ERNEST, KELLY
Address: 9420 E. PLUM HARBOR WAY
City-St-Zip: TAMARAC, FL 33321Title: D (X) Delete
Name: NOLAN, REGINA
Address: 6681 PETERS RD.
City-St-Zip: PLANTATION, FL 33317Title: D () Delete
Name: GILES, MARIA
Address: 1274 SW 28TH AVE.
City-St-Zip: DEERFIELD BEACH, FL 33442Title: D (X) Delete
Name: HAWS, JENNIFER
Address: 9768 SHADOW WOOD BLVD.
City-St-Zip: CORAL SPRINGS, FL 33071**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
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City-St-Zip:Title: () Change () Addition
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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 Section 119.07(3)(i), 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: DEBBIE LETTER

TD

10/26/2004

Electronic Signature of Signing Officer or Director

Date