

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000007040

FILED
May 05, 2005
Secretary of State

Entity Name: CUPID'S SOCIAL CLUB, INC.

Current Principal Place of Business:

4430 FOREST HILL BLVD.
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

4430 FOREST HILL BLVD.
WEST PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 65-0925103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POWELL, MELINA
5100 SW 104 AVE
FORT LAUDERDALE, FL 33328 US

Name and Address of New Registered Agent:

ELGIDELY, ROBERT F ESQ.
ONE EAST BROWARD BOULEVARD
SUITE 700
FORT LAUDERDALE, FL 33301 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: ROBERT F. ELGIDELY, ESQ.

05/05/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POWELL, MELINA
Address: 5100 SW 104 AVE.
City-St-Zip: COOPER CITY, FL 33328

Title: VPD () Delete
Name: GOELZ, MICHAEL
Address: 11431 81 COURT NORTH
City-St-Zip: WEST PALM BEACH, FL 33412

Title: D () Delete
Name: STEAN, DELORES
Address: 11431 81 COURT NORTH
City-St-Zip: WEST PALM BEACH, FL 33412

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: STANN, DOLORES
Address: 11431 81 COURT NORTH
City-St-Zip: WEST PALM BEACH, FL 33412

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: MICHAEL GOELZ

VP

05/05/2005

Electronic Signature of Signing Officer or Director

Date