

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000022396

FILED
Jul 01, 2009
Secretary of State

Entity Name: CITY OF PALMS MOVERS, INC.

Current Principal Place of Business:

870 SE 47TH ST
UNIT 1
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

2710 DEL PRADO BLVD S
UNIT 285
CAPE CORAL, FL 33904

New Mailing Address:

714 SE 33RD TER
CAPE CORAL, FL 33904

FEI Number: 36-4429611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOVELL, SHANNON S PRESIDE
714 SE 33RD TERRACE
CAPE CORAL, FL 33904 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: SHANNON LOVELL

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOVELL, SHANNON S PRESIDE
Address: 714 SE 33RD TERRACE
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: LOVELL, KARA A VICE PR
Address: 714 SE 33RD TERRACE
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHANNON LOVELL

PR

07/01/2009

Electronic Signature of Signing Officer or Director

Date