

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000045036

FILED  
Oct 22, 2009  
Secretary of State

Entity Name: PALMS OF FLORIDA CORPORATION

## Current Principal Place of Business:

14919 PINECREST ROAD  
TAMPA, FL 336131620

## New Principal Place of Business:

## Current Mailing Address:

POB 17007  
TAMPA, FL 33682

## New Mailing Address:

FEI Number: 26-0081409

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GUTIERREZ, ARTURO  
14919 PINECREST ROAD  
TAMPA, FL 336131620 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: ARTURO GUTIERREZ

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: PD ( ) Delete  
Name: GUTIERREZ, ARTURO  
Address: 14919 PINECREST ROAD  
City-St-Zip: TAMPA, FL 336131620

Title: V ( ) Delete  
Name: GUTIERREZ, BIBIANA  
Address: 14919 PINECREST RD  
City-St-Zip: TAMPA, FL 33613

Title: M ( ) Delete  
Name: ORDONEZ, CHRISTIAN  
Address: 5232 CLOVER MIST DR  
City-St-Zip: APOLLO BEACH, FL 33572

Title: S ( ) Delete  
Name: ARACELI, HORTA  
Address: 3614 W. IOWA AVE  
City-St-Zip: TAMPA, FL 33611

Title: S ( ) Delete  
Name: GUTIERREZ, MARILYNN  
Address: 14919 PINECREST RD  
City-St-Zip: TAMPA, FL 336131620

Title: V ( ) Delete  
Name: GUTIERREZ, ARMONDO  
Address: 14919 PINECREST RD  
City-St-Zip: TAMPA, FL 336131620

## 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  
Name:  
Address:  
City-St-Zip:

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

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: ARTURO GUTIERREZ

PD

10/22/2009

Electronic Signature of Signing Officer or Director

Date