

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000108539

FILED
Oct 27, 2004
Secretary of State

Entity Name: SOMERSET OF PALM COAST, INC.

Current Principal Place of Business:

44 PINE HURST LANE
PALM COAST, FL 32164

New Principal Place of Business:

22 FLAMINGO DRIVE
PALM COAST, FL 32137

Current Mailing Address:

44 PINE HURST LANE
PALM COAST, FL 32164

New Mailing Address:

P.O. BOX 353945
PALM COAST, FL 32135

FEI Number: 20-0277356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIUMENTO, MICHAEL D ESQ.
4 OLD KINGS RD. NORTH, STE. B
PALM COAST, FL 32137 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: _____

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: DISTOR, NORWINDA R
Address: 44 PINE HURST LANE
City-St-Zip: PALM COAST, FL 32164

Title: D () Delete
Name: DISTOR, ENRIQUE L
Address: 44 PINE HURST LANE
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DISTOR, NORWINDA R
Address: 22 FLAMINGO DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: D (X) Change () Addition
Name: DISTOR, ENRIQUE L
Address: 22 FLAMINGO DRIVE
City-St-Zip: PALM COAST, FL 32137

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

SIGNATURE: NORWINDA R. DISTOR

D

10/27/2004

Electronic Signature of Signing Officer or Director

Date