2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000023305

8800 MC KENNA DRIVE

JACKSONVILLE, FL 32226

Address:

City-St-Zip:

FILED Sep 11, 2006 Secretary of State

Entity Nam	ne: PALMETTO OF AMELIA, I	NC.		•
Current Principal Place of Business:			New Principal Place of Business:	
	I FLETCHER AVE NA BEACH, FL 32034			
Current Mailing Address:			New Mailing Address:	
425 SOUTH FLETCHER AVE FERNANDINA BEACH, FL 32034			PO BOX 1002 FERNANDINA BEACH, FL 32035	
FEI Number:	FEI Number App	ied For (X) FEI Nur	nber Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name			Name and Address of N	lew Registered Agent:
ROBINSON, FAY 425 SOUTH FLETCHER AVE FERNANDINA BEACH, FL 32034 US			ROBINSON, FAYE 425 SOUTH FLETCHER AVE FERNANDINA BEACH, FL 32034 US	
The above in the State		ment for the purpose o	of changing its registered c	office or registered agent, or both,
SIGNATURE: FAYE ROBINSON			09/11/2006	
Electronic Signature of Registered Agent			Date	
	e with s. 607.193(2)(b), F.S., the co paign Financing Trust Fund Contri		the prior notice.	
OFFICERS AND DIRECTORS:			${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$	
Title: Name: Address: City-St-Zip:	P () Delete ROBINSON, FAYE PO BOX 1002 FERNANDINA BEACH, FL 32035		Title: () Name: Address: City-St-Zip:) Change()Addition
Title: Name: Address: City-St-Zip:	S () Delete TOUNDAS, PATRICIA 101 CENTRE STREET FERNANDINA BEACH, FL 32034		Title: () Name: Address: City-St-Zip:) Change ()Addition
Title: Name:	V () Delete ZAENGLEIN, JAMES M		Title: ()) Change()Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: FAYE ROBINSON P 09/11/2006