

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000034628

Entity Name: JEANNE FLORIDA, INC.

FILED  
Feb 06, 2007  
Secretary of State

## Current Principal Place of Business:

6530 ALLISON ISLAND ROAD  
MIAMI BEACH, FL 33141

## New Principal Place of Business:

9416 BAY DRIVE  
SURFSIDE, FL 331542434

## Current Mailing Address:

6530 ALLISON ISLAND ROAD  
MIAMI BEACH, FL 33141

## New Mailing Address:

C/O SAMUEL SPENCER BLUM  
2666 TIGERTAIL AVENUE, SUITE 106  
COCONUT GROVE, FL 331334651

FEI Number: 71-0964305

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLUM, SAMUEL SPENCER  
2666 TIGERTAIL AVENUE SUITE 106  
COCONUT GROVE, FL 33133 US

## Name and Address of New Registered Agent:

BLUM, SAMUEL SPENCER ESQ.  
2666 TIGERTAIL AVENUE  
SUITE 106  
COCONUT GROVE, FL 331334651 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: SAMUEL SPENCER BLUM

02/06/2007

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: CULLIGAN, TOM  
Address: 6530 ALLISON ISLAND ROAD  
City-St-Zip: MIAMI BEACH, FL 33141

Title: D ( ) Delete  
Name: MENARD, PAUL  
Address: 6530 ALLISON ISLAND ROAD  
City-St-Zip: MIAMI BEACH, FL 33141

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CULLIGAN, TOM  
Address: 9416 BAY DRIVE  
City-St-Zip: SURFSIDE, FL 331542434

Title: D (X) Change ( ) Addition  
Name: MENARD, PAUL  
Address: 9416 BAY DRIVE  
City-St-Zip: SURFSIDE, FL 331542434

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.

SIGNATURE: TOM CULLIGAN

D

02/06/2007

Electronic Signature of Signing Officer or Director

Date