2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 04, 2009
Secretary of State

DOCUMENT# P04000059807

Entity Name: FUNFACTORY OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

5285 N W 54TH ST.
COCONUT CREEK, FL 33073

New Principal Place of Business:

1191 COCONUT CREEK BLVD
COCONUT CREEK, FL 33066

Current Mailing Address:

5285 N W 54TH ST.
COCONUT CREEK, FL 33073

New Mailing Address:

1191 COCONUT CREEK BLVD
COCONUT CREEK, FL 33066

FEI Number: 13-4279751 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHIFREL, DAVID T
5285 N W 54TH ST.
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

SHIFREL, DAVID T
1191 COCONUT CREEK BLVD
COCONUT CREEK, FL 33066 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: DAVID SHIFREL 11/04/2009
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: P ( ) Delete
Name: SHIFREL, DAVID T
Address: 5285 N W 54TH ST.
City-St-Zip: COCONUT CREEK, FL 33073

Title: V (X) Delete
Name: SHIFREL, REBECCA A
Address: 5285 N W 54TH ST.
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SHIFREL, DAVID T
Address: 1191 COCONUT CREEK BLVD
City-St-Zip: COCONUT CREEK, FL 33066

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: DAVID SHIFREL P 11/04/2009
Electronic Signature of Signing Officer or Director Date