2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# P04000074507

Entity Name: PAMLYN VARIETY, INC.

Current Principal Place of Business:

18371 PINE NUT CT.
LEHIGH ACRES, FL 33936

New Principal Place of Business:

4316 LEE BOULEVARD
LEHIGH ACRES, FL 33971

Current Mailing Address:

18371 PINE NUT CT.
LEHIGH ACRES, FL 33936

New Mailing Address:

4316 LEE BOULEVARD
LEHIGH ACRES, FL 33971

FEI Number: 20-1104870 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TROIANO, JOSEPH A ESQ.
12800 UNIVERSITY DRIVE, SUITE 380
FT. MYERS, FL 33907 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: JOSEPH A. TROIANO, ESQ.
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: DPS ( ) Delete
Name: BELMAR, LYNETTE K
Address: 18371 PINE NUT CT.
City-St-Zip: LEHIGH ACRES, FL 33936

Title: DVPT ( ) Delete
Name: NDURE, PALMATARR
Address: 18371 PINE NUT CT.
City-St-Zip: LEHIGH ACRES, FL 33936

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: BELMAR, LYNETTE K
Address: 10435 CAROLINA WILLOW DRIVE
City-St-Zip: FORT MYERS, FL 33913 US

Title: DVPT (X) Change ( ) Addition
Name: NDURE, PALMATARR
Address: 10435 CAROLINA WILLOW DRIVE
City-St-Zip: FORT MYERS, FL 33913 US

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: PAMATARR NDURE DVPT 04/09/2009
Electronic Signature of Signing Officer or Director Date