2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 15, 2009
Secretary of State

DOCUMENT# P05000147336

Entity Name: CLAUDE MICHAEL'S PLACE, INC.

Current Principal Place of Business:

475 OAK STREET
SAFETY HARBOR, FL 34695

New Principal Place of Business:

25400 US HIGHWAY 19
SUITE 176
CLEARWATER, FL 33763

Current Mailing Address:

475 OAK STREET
SAFETY HARBOR, FL 34695

New Mailing Address:

25400 US HIGHWAY 19
SUITE 176
CLEARWATER, FL 33763

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

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: NATALIA UTRERA, VICE-PRESIDENT

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: PD ( ) Delete
Name: ROBINSON, CLAUDE
Address: 475 OAK STREET
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VD (X) Delete
Name: CAPHART, PATRICIA A
Address: 475 OAK STREET
City-St-Zip: SAFETY HARBOR, FL 34695

Title: S (X) Delete
Name: JONES, CARMEN
Address: 475 OAK STREET
City-St-Zip: SAFETY HARBOR, FL 34695

Title: T (X) Delete
Name: GIBA, CHRISTINE
Address: 475 OAK STREET
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: ROBINSON, CLAUDE
Address: 25400 US HIGHWAY 19
City-St-Zip: CLEARWATER, FL 33763

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CLAUDE ROBINSON PSTD 12/15/2009

Electronic Signature of Signing Officer or Director — Date