

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000154632

1. Entity Name
PALMDALE CORNER, INC.



FILED

07 FEB 23 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07



05/11/06 90239 037 \$550.00
02072007 REIN-P CR2E098 (1/07)

Principal Place of Business
1115 EDGEWOOD AVENUE WEST
JACKSONVILLE, FL 32208

Mailing Address
1115 EDGEWOOD AVENUE WEST
JACKSONVILLE, FL 32208

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number
32-0193169

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORBES, JOHN R
8825 PERIMETER PARK BOULEVARD
SUITE 102
JACKSONVILLE, FL 32216

7. Name and Address of New Registered Agent

Name
Genovis Peterson
Street Address (P.O. Box Number is Not Acceptable)
1115 Edgewood Avenue West
City Jacksonville FL Zip Code 32208

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Genovis Peterson Genovis Peterson 4/7/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME PETERSON, GENORVIS
STREET ADDRESS 1115 EDGEWOOD AVENUE WEST
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 700093746077
STREET ADDRESS 03/19/07--01059--007 **358.75
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Genovis Peterson Genovis Peterson 4/7/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

904-765-1155