2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 08, 2008
Secretary of State

DOCUMENT# P06000062082

Entity Name: PAUL MADDEN ASSOCIATES, CO.

Current Principal Place of Business:

235 MONTANT DRIVE
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

4576 PEBBLE BAY SOUTH
VERO BEACH, FL 32963

Current Mailing Address:

PO BOX 6327
TALLAHASSEE, FL 32314

New Mailing Address:

4576 PEBBLE BAY SOUTH
VERO BEACH, FL 32963

FEI Number: 03-0589201 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.
300 FIFTH AVENUE SOUTH
SUITE 101-330
NAPLES, FL 34102 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: PAUL MADDEN

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: MADDEN, PAUL M
Address: 235 MONTANT DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: SEC ( ) Delete
Name: MADDEN, NORA G
Address: 235 MONTANT DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change ( ) Addition
Name: MADDEN, PAUL M
Address: 4576 PEBBLE BAY SOUTH
City-St-Zip: VERO BEACH, FL 32963

Title: MRS. (X) Change ( ) Addition
Name: MADDEN, NORA G
Address: 4576 PEBBLE BAY SOUTH
City-St-Zip: VERO BEACH, FL 32963

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: PAUL MADDEN MR. 10/08/2008

Electronic Signature of Signing Officer or Director — Date