

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000016749

Entity Name: CATALYST CONCIERGE, INC

FILED  
Nov 05, 2009  
Secretary of State

## Current Principal Place of Business:

8461 LAKE WORTH ROAD  
LAKE WORTH, FL 33467 US

## New Principal Place of Business:

695 CRESTA CIRCLE  
PALM BEACH, FL 33413 US

## Current Mailing Address:

8461 LAKE WORTH ROAD  
LAKE WORTH, FL 33467 US

## New Mailing Address:

695 CRESTA CIRCLE  
PALM BEACH, FL 33413 US

FEI Number: 20-8385972

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STAMPP, PAMELA MRS  
695 CRESTA CIRCLE  
WEST PALM BEACH, FL 33413 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: PAMELA STAMPP

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: CEO ( ) Delete  
Name: CALLENDER, SIMONE S MISS  
Address: 695 CRESTA CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33413 US

Title: P (X) Delete  
Name: CALLENDER, BEVERLEY J MRS  
Address: 695 CRESTA CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33413 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CALLENDER, SIMONE  
Address: 695 CRESTA CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33413 US

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: SIMONE CALLENDER

P

11/05/2009

Electronic Signature of Signing Officer or Director

Date