

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000065097

Entity Name: NALU SWIMWEAR, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

3290 SE 58TH AVE BLDG A STE 104
OCALA, FL 34480

New Principal Place of Business:

3290 SE 58TH AVE STE 4
OCALA, FL 34480

Current Mailing Address:

3290 SE 58TH AVE BLDG A STE 104
OCALA, FL 34480

New Mailing Address:

3290 SE 58TH AVE STE 4
OCALA, FL 34480

FEI Number: 26-0302824

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANDELM, KATHY
3290 SE 58TH AVE STE 4
OCALA, FL 34480 US

Name and Address of New Registered Agent:

ANDELM, KATHY
3290 SE 58TH AVE STE 4
OCALA, FL 34480 US

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: KATHY ANDELM

04/30/2009

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: P () Delete
Name: MUCKENFUSS, KATHY M
Address: 4600 SE 31ST PLACE
City-St-Zip: OCALA, FL 34471

Title: VP () Delete
Name: MUCKENFUSS, MARK D
Address: 4600 SE 31ST PLACE
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ANDELM, KATHY M
Address: 4715 SE 50TH PLACE
City-St-Zip: OCALA, FL 34480

Title: VP (X) Change () Addition
Name: MUCKENFUSS, MARK D
Address: 4600 SE 31ST PLACE
City-St-Zip: OCALA, FL 34480

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: KATHY ANDELM

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date