

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000030816

**FILED**  
**Oct 17, 2011**  
**Secretary of State**

**Entity Name:** PALM VALLEY FISH CAMP, INC.

**Current Principal Place of Business:**

299 N. ROSCOE BLVD.  
PONTE VEDRA, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

299 N. ROSCOE BLVD.  
PONTE VEDRA, FL 32082

**New Mailing Address:**

**FEI Number:** 26-2827302

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GROSHELL, LISA  
107 S. ROSCOE BLVD.  
PONTE VEDRA, FL 32082 US

**Name and Address of New Registered Agent:**

GROSHELL, LISA  
107 S. ROSCOE BLVD.  
PONTE VEDRA, FL 32082 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: LISA GROSHELL

10/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GROSHELL, BENJAMIN  
Address: 107 S. ROSCOE BLVD.  
City-St-Zip: PONTE VEDRA, FL 32082

Title: D  
Name: GROSHELL, LISA  
Address: 107 S. ROSCOE BLVD.  
City-St-Zip: PONTE VEDRA, FL 32082

I hereby 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 all other like empowered.

SIGNATURE: LISA GROSHELL

D

10/17/2011

Electronic Signature of Signing Officer or Director

Date