

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000058274

Entity Name: MALE POUCH, INC.

FILED  
Nov 14, 2005  
Secretary of State

**Current Principal Place of Business:**

504 OVERLOOK DR  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

504 OVERLOOK DR  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

FEI Number: 65-0665754

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCROBERTS, SAMUEL J  
504 OVERLOOK DR  
NORTH PALM BEACH, FL 33408 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: SAMUEL J. MCROBERTS

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCEO ( ) Delete  
Name: MCROBERTS, SAMUEL J  
Address: 5040 OVERLOOK DR  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D ( ) Delete  
Name: KVARNBERG, LEE  
Address: 18640 LOCKPOINT COURT  
City-St-Zip: JUPITER, FL 33458

Title: D ( ) Delete  
Name: HARTBRODT, RICK  
Address: 17159 SE LIMERICK COURT  
City-St-Zip: TEQUESTA, FL 33469

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: GOLDBLUM, KENNETH  
Address: 1013 SW BLUE STEM WAY  
City-St-Zip: STUART, FL 34997 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SAMUEL J. MCROBERTS

Electronic Signature of Signing Officer or Director

PCEO

11/14/2005

Date