
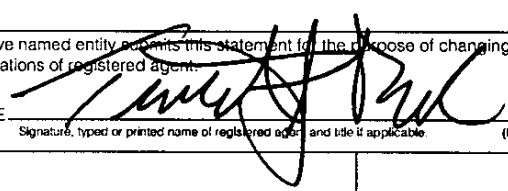
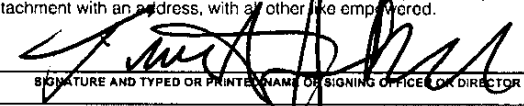


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000061419						DEPARTMENT OF STATE DIVISION OF CORPORATIONS 06 FEB 16 PM 2:25	
1. Entity Name ALLENDALE, INC.							
Principal Place of Business 5651 COPORATE WAY, STE 2 WEST PALM BEACH, FL 33407-2020 US				Mailing Address 5651 COPORATE WAY, STE 2 WEST PALM BEACH, FL 33407-2020 US			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 65-0608485				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				01202006 REIN-P CR2E098 (11/05)			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PAGE, TIMOTHY J 5651 CORPORATE WAY, STE 2 WEST PALM BEACH, FL 33407-2020				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE 				DATE 2-13-2006			
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)							
<b>FILE NOW!!! FEE IS \$900.00</b>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAGE, TIMOTHY J <input type="checkbox"/> Delete 624 SHORE RD N. PALM BEACH, FL 33408			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>REINSTATEMENT</b> 05-06 700066883977 03/01/06--01008--014 **908.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAGE, DIANE W <input type="checkbox"/> Delete 624 SHORE RD N. PALM BEACH, FL 33408			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				DATE 2-13-2006			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			