

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F05000001557

FILED  
Sep 29, 2009  
Secretary of State

Entity Name: ANOVA FOOD, INC.

**Current Principal Place of Business:**

2922 SO. FALKENBURG RD.  
RIVERVIEW, FL 33569

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 89787  
TAMPA, FL 33689

**New Mailing Address:**

FEI Number: 58-2258507      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

BRINSMAD, DOUGLAS  
2922 SO. FALKENBURG RD.  
RIVERVIEW, FL 33569      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: DOUGLAS BRINSMAD

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: DPS ( ) Delete  
Name: BRINSMAD, DOUGLAS  
Address: 2922 SO. FALKENBURG  
City-St-Zip: RIVERVIEW, FL 33569

Title: CV ( ) Delete  
Name: MULDER, CONSTANT  
Address: HAMBOKEN WETERING 15, 5231 DD'S  
City-St-Zip: HERTOGENBOSCH,

Title: D ( ) Delete  
Name: HUISMAN, WILLEN  
Address: HAMBOKEN WETERING 15, 5231 DD'S  
City-St-Zip: HERTOGENBOSCH,

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

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

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

Title: COO ( ) Change (X) Addition  
Name: RODENBECK, SUSAN L COO  
Address: 2922 S. FALKENBURG ROAD  
City-St-Zip: RIVERVIEW, FL 33578

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: DOUGLAS BRINSMAD

Electronic Signature of Signing Officer or Director

DPS

09/29/2009

Date