2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000024815

Entity Name: INGLES PARA O DIA-A-DIA, INC.

FILED Oct 06, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	TH AVENUE BEACH, FL	330646448 US			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	TH AVENUE BEACH, FL	330646448 US			
FEI Number:	04-3807115	FEI Number Applied For ()	FEI Number Not Applicable()	Certificate of Status Desired (X)	
Name and	Address of (Current Registered Agent:	Name and Address	of New Registered Agent:	
	TH AVENUE	330646448 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.					
SIGNATUR	E: EDSON I	DE OLIVEIRA PINHEIRO			
	Electron	nic Signature of Registered Agent		Date	
Election Cam		3(2)(b), F.S., the corporation did not reg g Trust Fund Contribution (). ETORS:		SES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	EDSON DE OL 2601 NE 11TH) Delete IVEIRA PINHEIRO AVENUE ACH, FL 33064 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PINHEIRO, ED 2601 NE 11TH) Delete SON D OLIVEIR AVE ACH, FL 33064 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PINHEIRO, ED 2601 NE 11TH) Delete SON D OLIVEIR AVE ACH, FL 33061 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	2601 NE 11TH	SON D OLIVEIR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PINHEIRO, ED 2601 NE 11TH) Delete SON D OLIVEIR AVE ACH FL, FL 33064 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PINHEIRO, ED 2601 NE 11TH) Delete SON D OLIVEIR AVE ACH, FL 33064 US	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: EDSON DE OLIVEIRA PINHEIRO PRES 10/06/2009