

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000101772

FILED
Mar 10, 2009
Secretary of State

Entity Name: THE CHOCOLATE MARKET INC.

Current Principal Place of Business:

4901 THOMAS STREET
HOLLYWOOD, FL 33021

New Principal Place of Business:

6859 STIRLING ROAD
DAVIE, FL 33314 US

Current Mailing Address:

4901 THOMAS STREET
HOLLYWOOD, FL 33021

New Mailing Address:

6859 STIRLING ROAD
DAVIE, FL 33314 US

FEI Number: 11-3821845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KINNEY, DENISE
4901 THOMAS STREET
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

OKUN, BARBARA
6810 SW 57 STREET
DAVIE, FL 33314 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: BARBARA OKUN

03/10/2009

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: P () Delete
Name: KINNEY, DENISE
Address: 4901 THOMAS STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: V () Delete
Name: OKUN, BARBARA
Address: 6801 S.W. 57TH STREET
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: KINNEY, DENISE
Address: 4901 THOMAS STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: P (X) Change () Addition
Name: OKUN, BARBARA
Address: 6810 S.W. 57TH STREET
City-St-Zip: DAVIE, FL 33314

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: BARBARA OKUN

P

03/10/2009

Electronic Signature of Signing Officer or Director

Date