

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT 23 AM 11: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 834657						FILED 06 OCT 23 AM 11: 23 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1. Entity Name SWENSEN'S ICE CREAM COMPANY				Principal Place of Business 4175 VETERANS HWY. RONKONKOMA, NY 11779				Mailing Address 4175 VETERANS HWY. RONKONKOMA, NY 11779	
2. Principal Place of Business				3. Mailing Address				Suite, Apt. #, etc. Suite, Apt. #, etc.	
City & State				City & State		4. FEI Number 94-1724297 Applied For Not Applicable			
Zip		Country		Zip		Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____									
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. X					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE P	STEIN, DAVID X Delete			TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	PRESIDENT/CEO ARON SERRUYA 8300 WOODBINE AVE #211 MARKHAM ONTARIO L3R 9Y7 (CANADA)				
STREET ADDRESS CITY ST ZIP	4175 VETERANS HWY. RONKONKOMA, NY 11779			STREET ADDRESS CITY ST ZIP	8300 WOODBINE AVE #211 MARKHAM ONTARIO L3R 9Y7 (CANADA)				
TITLE VD	STEVENS, GARY P X Delete			TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VICE PRES/SECRETARY ARON SERRUYA 8300 WOODBINE AVE #211 MARKHAM ONTARIO L3R 9Y7 (CANADA)				
STREET ADDRESS CITY ST ZIP	4175 VETERANS HWY. RONKONKOMA, NY 11779			STREET ADDRESS CITY ST ZIP	8300 WOODBINE AVE #211 MARKHAM ONTARIO L3R 9Y7 (CANADA)				
TITLE <input type="checkbox"/> Delete				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS CITY ST ZIP				STREET ADDRESS CITY ST ZIP					
TITLE <input type="checkbox"/> Delete				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS CITY ST ZIP				STREET ADDRESS CITY ST ZIP	10/23/06 01047 008 \$300 - \$150				
TITLE <input type="checkbox"/> Delete				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS CITY ST ZIP				STREET ADDRESS CITY ST ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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: <i>[Signature]</i>				OCT 17/06 905-479-8768					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Telephone Phone #					