

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 834657

1. Entity Name
SWENSEN'S ICE CREAM COMPANY



FILED

06 OCT 23 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4175 VETERANS HWY.
RONKONKOMA, NY 11779

Mailing Address
4175 VETERANS HWY.
RONKONKOMA, NY 11779

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

10052006 REIN-P CR2E098 (11/05)

4. FEI Number
94-1724297

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable (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.

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	STEIN, DAVID	
STREET ADDRESS	4175 VETERANS HWY.	
CITY ST ZIP	RONKONKOMA, NY 11779	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	STEVENS, GARY P	
STREET ADDRESS	4175 VETERANS HWY.	
CITY ST ZIP	RONKONKOMA, NY 11779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARON SERRUYA	
STREET ADDRESS	8300 WOODBINE AVE	
CITY ST ZIP	MARKHAM ONTARIO L3R 9Y7 CANADA	
TITLE	VICE PRESIDENT/SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARON SERRUYA	
STREET ADDRESS	8300 WOODBINE AVE	
CITY ST ZIP	MARKHAM ONTARIO L3R 9Y7 CANADA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

for 10/26

10/23/06 01047 008 \$300 - \$150

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 17/06 905-479-8768
Telephone Phone #