## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F00000001241

Entity Name: THE GRATEFUL PALATE OF CALIFORNIA, INC.

FILED Oct 08, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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701 DEL NORTE BLVD., UNIT #210 OXNARD, CA 93030

Current Mailing Address: New Mailing Address:

P.O. BOX 5107 OXNARD, CA 93031

FEI Number: 77-0489351 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ROMAINE, LEE

1003 CLINT MOORE ROAD

BOCA RATON, FL 33487 US

PENNISI, DAVID

1425 WATER TOWER ROAD

LAKE PARK, FL 33403 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: DAVID PENNISI 10/08/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS ( ) Delete Title: CEO (X) Change ( ) Addition

Name:PHILIPS, DANIEL SName:PHILIPS, DANIEL SAddress:1317 LA JOLLAAddress:1317 LA JOLLA

City-St-Zip: THOUSAND OAKS, CA 91362 City-St-Zip: THOUSAND OAKS, CA 91362

Title: AS ( ) Delete Title: CNTR (X) Change ( ) Addition Name: GARCIA, ALBERTO Name: DESANTIS, BEN

Address: 117 SAWTELLE AVE Address: 4725 DEL RIO ST
City-St-Zip: OXNARD, CA 93035 City-St-Zip: SIMI VALLEY, CA 93063

Title: ( ) Delete Title: PS ( ) Change (X) Addition

 Name:
 Name:
 FAVER, ROBERT

 Address:
 Address:
 2112 LOAN OAK

 City-St-Zip:
 City-St-Zip:
 NAPA, CA 94558

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: BEN DESANTIS CNTR 10/08/2007