

2009 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 12, 2009
Secretary of State**

DOCUMENT# F04000003903

Entity Name: FOOD MASTERS, INC.

Current Principal Place of Business:

35647 HIGHWAY 27
HAINES CITY, FL 33845

New Principal Place of Business:

Current Mailing Address:

PO BOX 58399
RALEIGH, NC 276580399

New Mailing Address:

FEI Number: 56-1189353 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOORE, LYMAN D
35647 HIGHWAY 27
HAINES CITY, FL 33845 US

Name and Address of New Registered Agent:

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: LYMAN D MOORE

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: CP () Delete
Name: MOORE, RONALD L
Address: 8700 SOUTHAMPTON DRIVE
City-St-Zip: RALEIGH, NC 27615

Title: VCVP () Delete
Name: MOORE, THOMAS W
Address: 1521 HUNTING RIDGE ROAD
City-St-Zip: RALEIGH, NC 27615

Title: DS () Delete
Name: BLEVINS, KENNETH E
Address: 1523 CRENSHAW POINT
City-St-Zip: WAKE FOREST, NC 27587

Title: T () Delete
Name: CASTEEN, WILLIAM R
Address: 8204 KINGSWOOD COURT
City-St-Zip: RALEIGH, NC 276134208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: W. R. CASTEEN

Electronic Signature of Signing Officer or Director

CONT

10/12/2009

Date