2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 07, 2005
Secretary of State

DOCUMENT# F04000004775

Entity Name: RED RIVER SPECIALTIES, INC.

Current Principal Place of Business:

1013 N.W. SUWANNEE AVE.
BRANFORD, FL 32008

New Principal Place of Business:

Current Mailing Address:

PO BOX 730
LIVE OAK, FL 32064

New Mailing Address:

PO BOX 7241
SHREVEPORT, LA 71137

FEI Number: 72-1115450 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIERCE, ANDY
1013 N.W. SUWANNEE AVE.
BRANFORD, FL 32008 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: ANDY PIERCE

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: ALEXANDER, WILLIAM
Address: 9647 NORRIS FERRY RD.
City-St-Zip: SHREVEPORT, LA 71106

Title: VP ( ) Delete
Name: CAGE, JOHN MICHAEL
Address: 108 BAYS HILL DR.
City-St-Zip: BENTON, LA 71006

Title: S ( ) Delete
Name: VASKO, MICHAEL
Address: 2259 LANDAU LANE
City-St-Zip: BOSSIER CITY, LA 71111

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN MICHAEL CAGE VP 10/07/2005

Electronic Signature of Signing Officer or Director — Date