

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F08000001157

FILED
Oct 19, 2009
Secretary of State

Entity Name: PROCACCI BROS. SALES CORPORATION

Current Principal Place of Business:

211 RAYBURN RD
PLANT CITY, FL 33563

New Principal Place of Business:

4006 AIRPORT ROAD
PLANT CITY, FL 33563

Current Mailing Address:

3333 S FRONT STREET
PHILADELPHIA, PA 19148

New Mailing Address:

FEI Number: 23-1489642 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: ELIZABET R. KONIECZNY

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: C () Delete
Name: PROCACCI, JOSEPH G
Address: 560 EL CAMINO REAL UNIT 1601
City-St-Zip: NAPLES, FL 34119

Title: P () Delete
Name: MAXWELL, MICHAEL R
Address: 6 HOLLY TREE LANE
City-St-Zip: CHADDS FORD, PA 19317

Title: V () Delete
Name: BINCK, GEORGE E
Address: 3237 CHAUCER STREET
City-St-Zip: PHILADELPHIA, PA 19145

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 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: MICHAEL R MAXWELL

P

10/19/2009

Electronic Signature of Signing Officer or Director

Date