2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F39819

Entity Name: THE WHALE'S RIB, INC.

FILED Dec 01, 2008 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

2031 N.E. 2ND ST.

DEERFIELD BEACH, FL 33441

Current Mailing Address: New Mailing Address:

2031 N E 2ND ST 5059 N.E. 18TH AVENUE

DEERFIELD BEACH, FL 33441 FORT LAUDERDALE, FL 33334

FEI Number: 59-2102043 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:

ARLAN H. BIRKMAN, P,A,

809 SE 8TH STREET

JEFFREY D. KASTNER
5059 N.E. 18TH AVENUE

DEERFIELD BEACH, FL 33441 US FORT LAUDERDALE, FL 33334 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: JEFFREY D. KASTNER 12/01/2008

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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Name:
 STEPHENSON, DALE,
 Name:

 Address:
 8300 US HIGHWAY #1
 Address:

 City-St-Zip:
 MICCO, FL 32976 US
 City-St-Zip:

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

 Name:
 BIRKMAN, ARLAN H.,
 Name:

 Address:
 809 SE 8TH STREET
 Address:

 City-St-Zip:
 DEERFIELD BEACH, FL 33441
 City-St-Zip:

Title: ST () Delete Title: () Change () Addition

 Name:
 STEPHENSON, LISA,
 Name:

 Address:
 8300 US HIGHWAY #1
 Address:

 City-St-Zip:
 MICCO, FL 32976 US
 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: DALE STEPHENSON P 12/01/2008