

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000072478

FILED
Dec 01, 2010
Secretary of State

Entity Name: ORIGINAL TRICKS N TREATS, LLC

Current Principal Place of Business:

5182 MABRY DR.
NAPLES, FL 34112 US

New Principal Place of Business:

1520 CURLEW AVE
NAPLES, FL 34102 US

Current Mailing Address:

5182 MABRY DR.
NAPLES, FL 34112 US

New Mailing Address:

1520 CURLEW AVE
NAPLES, FL 34102 US

FEI Number: 27-1465757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
A-100
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

SCAFIDI, RICHARD S JR.
1520 CURLEW AVE
NAPLES, FLORIDA, FL 34102 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: RICHARD S SCAFIDI

12/01/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SCAFIDI, RICHARD
Address: 1520 CURLEW AVE
City-St-Zip: NAPLES, FL 34102 US

Title: MGRM
Name: ENGLISH, THOMAS
Address: 1520 CURLEW AVE
City-St-Zip: NAPLES, FL 34102 US

Title: MGRM
Name: LANG, PETER
Address: 1520 CURLEW AVE
City-St-Zip: NAPLES, FL 34102 US

Title: MGRM
Name: LANG, MICHELLE
Address: 1520 CURLEW AVE
City-St-Zip: NAPLES, FL 34102 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RICHARD S SCAFIDI

PRES

12/01/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date