2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

Principal Place of Business Maining Address Po BOX 105 LARROSSE, FL 32658 LARROSSE, F	DOCUMENT # N00000006428 1. Entity Name FOOD FOR EVER, INC.						O5 MAY	ILED 10 PM 4: 1:	-	
Suite, Apt. 4, etc. Suite, Ap	P O BOX 105	,	5	P O BOX 105		SECRETARY OF STATE TALLAHASSEE, FLORIDA				
City A State Cay Ca	1113 W. University Are. 1113 W. Univer					lve.	0.4050005			
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent ALLARD, GREG 23817 NW 152 TERR ALACHUA, FL 32615 8. The above named entity submids this statement for the purpose of changing its registered office or registered agent. or both, in the State of Florids. I am familiar with, and accept the chigations of registered agent. SIGNATURE SIGN	City & State	er er su c	llo.FL				4. FEI Number	CIVELU99 (C	Applied For	
ALLARD, GREG 2SET AND 152 TERR ALACHUA, FL 32615 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$297.50 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TILE PD ALLARD, GREG SIRRET MORESS SIRRET MORESS SIRRET MORESS OFFI-S-IPP ALACHUA, FL 32615 TILE VPT IMA, GLAUCIA SIRRET MORESS SIRRET MORESS DATE AGENCY STATE ALACHUA, FL 32615 TILE SIRRET MORESS TALACHUA, FL 32615 TILE SIRRET MORESS TALACHUA, FL 32615 TILE STERET MORESS THE ALACHUA, FL 32615 TILE STERET MORESS THE ALACHUA FL 32615 THE MAKE STERET MORESS THE ALACHUA FL 32615 T	zip 32601		Alachva	^{Zig} 32601		a .		red D \$8.7	5 Additional	
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the property of the property of the familiar with, and accept the familiar with accept the familiar with accept the familiar with and addices the sequent with and accept the famili	6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALLARD, GREG 23817 NW 152 TERR ALACHUA, FL 32615 Street Address (P.O. Rox Number is Not Acceptable) ALCHUA, FL 32615 City City A City City									
11. ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 10	8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typyd or pringle name of phistered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) Dafte									
TITLE ALLARD, GREG ALLARD, GREG SIREET ADDRESS CITY-ST-ZP ALACHUA, FL 32616 TITLE UMA MAKE LIMA, GLAUCIA SIREET ADDRESS CITY-ST-ZP ALACHUA, FL 32616 TITLE UMA MAKE CITY-ST-ZP ALACHUA, FL 32616 TITLE UMA MAKE DUARTE, MARIA 13605 NW CR 235 APT 1006 SIREET ADDRESS CITY-ST-ZP ALACHUA, FL 32615 TITLE MAKE SIREET ADDRESS CITY-ST-ZP TITLE MAKE S	deletian)									
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NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS			☐ Delete	NAME STREET ADDRESS		30005 05/19/0501			
of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS			☐ Delete	NAME STREET ADDRESS				Change	
SISMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR , Date Dayling Proce #										

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