

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N00000006428</b> 1. Entity Name <b>FOOD FOR EVER, INC.</b>				<b>FILED</b> <b>05 MAY 10 PM 4:12</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>P O BOX 105</b> <b>LACROSSE, FL 32658</b>		Mailing Address <b>P O BOX 105</b> <b>LACROSSE, FL 32658</b>			
2. Principal Place of Business <b>1113 W. University Ave.</b>		3. Mailing Address <b>1113 W. University Ave.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Gainesville, FL</b>		City & State <b>Gainesville, FL</b>		4. FEI Number <b>59-3670122</b>	
Zip <b>32601</b>		Country <b>Alachua</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ALLARD, GREG</b> <b>23817 NW 152 TERR</b> <b>ALACHUA, FL 32615</b>		7. Name and Address of New Registered Agent Name <b>Greg Allard</b> Street Address (P.O. Box Number is Not Acceptable) <b>13810 W. S.R. 235</b> <b>Apt. 3</b> City <b>Alachua</b> <b>FL</b> Zip Code <b>32615</b>			
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 <u><i>Gregory C. Allard</i></u> <b>Gregory C. Allard</b> <b>5/2/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$297.50		Disregard (it's a change not a deletion)		Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLARD, GREG PO BOX 748 ALACHUA, FL 32616 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Greg Allard <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <del>PO Box 748</del> <b>13810 W. S.R. 235</b> <b>Alachua, FL 32615</b> <b>Apt. 3</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT LIMA, GLAUCIA <input type="checkbox"/> Delete PO BOX 436 ALACHUA, FL 32616		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Lima, Glauca <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O. Box 436</b> <b>Alachua, FL 32616</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DUARTE, MARIA <input type="checkbox"/> Delete 13605 NW CR 235 APT 1006 ALACHUA, FL 32615		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Duarte, Maria <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>724 S.E. 1st. Ave</b> <b>Gainesville, FL 32601</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300054860113</b> <b>05/19/05--01056--018</b> <b>**306.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u><i>Gregory C. Allard</i></u> <b>Gregory C. Allard</b> <b>5/2/05</b> <b>352 219-4837</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					