

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000005884

FILED
Oct 06, 2006
Secretary of State

Entity Name: HOOKED ON SMILES, INC.

Current Principal Place of Business:

1848 BIG CRANE LOOP
PORT ORANGE, FL 32128

New Principal Place of Business:

Current Mailing Address:

1848 BIG CRANE LOOP
PORT ORANGE, FL 32128

New Mailing Address:

FEI Number: 52-2370655 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

STORK, FLORENCE
1848 BIG CRANE LOOP
PORT ORANGE, FL 32128 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: FLORENCE STORK

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STORK, FLORENCE
Address: 1848 BIG CRANE LOOP
City-St-Zip: PORT ORANGE, FL 32128

Title: VS () Delete
Name: WILSON, SUSAN
Address: 243 RANDLE AVE
City-St-Zip: OAK HILL, FL 32759

Title: T () Delete
Name: PASCAVAGE, LINDA
Address: 752 SANDY HILL CIRCLE
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: AREVALO, JULIE
Address: 847 MARLEY DRIVE
City-St-Zip: PORT ORANGE, FL 32128

Title: D () Delete
Name: CORKLE, NORMA
Address: 473 S RIDGEWOOD AVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: COXWELL, CHERYL
Address: 91 PINE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: NESTORE, ROSALIE
Address: 218 TROPIC DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: T (X) Change () Addition
Name: PASCAVAGE, LINDA
Address: 4497 HIDDEN VILLAGE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: VP (X) Change () Addition
Name: AREVALO, JULIE
Address: 847 MARLEY DRIVE
City-St-Zip: PORT ORANGE, FL 32128

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GAUL, DIANE
Address: 369 TONKA DRIVE
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLORENCE STORK

P

10/06/2006

Electronic Signature of Signing Officer or Director

Date