

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000011788

FILED
Dec 10, 2008
Secretary of State

Entity Name: ISRAEL FOOD DISTRIBUTION, INC.

Current Principal Place of Business:

201 GOLDEN ISLES DRIVE
503
HALLANDALE BEACH, FL 33009 US

New Principal Place of Business:

136 LAFAYETTE AVE.
PASSAIC, NJ 07055 US

Current Mailing Address:

201 GOLDEN ISLES DRIVE
503
HALLANDALE BEACH, FL 33009

New Mailing Address:

136 LAFAYETTE AVE.
PASSAIC, NJ 07055 US

FEI Number: 51-0531922 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:

ZIER, MICHAEL I
201 GOLDEN ISLES DRIVE
503
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

FRIEDMAN, AVRAHAM ELIEZE
1025 NE MIAMI GARDENS DRIVE
MIAMI BEACH, FL 33179 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: AVRAHAM ELIEZER FRIEDMAN

12/10/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZIER, GARY Y
Address: 201 GOLDEN ISLES DRIVE
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: VPST () Delete
Name: ZIER, MICHAEL I
Address: 201 GOLDEN ISLES DRIVE #503
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: EIDENSOHN, SHMUEL
Address: 2 PHYLLIS TERRACE
City-St-Zip: MONSEY, NY 10952 US

Title: VPST (X) Change () Addition
Name: GOODMAN, MEIR
Address: 65-24 172ND ST.
City-St-Zip: FLUSHING, NY 11365 US

Title: DS () Change (X) Addition
Name: GREENWALD, DEVORA R
Address: 18 NACHAL REVIVIM
City-St-Zip: BET SHEMESH, ISRAEL, IS 99641 IL

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEVORA GREENWALD

DS

12/10/2008

Electronic Signature of Signing Officer or Director

Date