

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N08000002470

**FILED**  
**Oct 14, 2010**  
**Secretary of State**

**Entity Name:** SANTA BARBARA FOOD SERVICES, INC.

**Current Principal Place of Business:**

360 SANTA BARBARA BLVD.  
CAPE CORAL, FL 33991

**New Principal Place of Business:**

360 SOUTH SANTA BARBARA BLVD.  
CAPE CORAL, FL 33991

**Current Mailing Address:**

P.O. BOX 152318  
CAPE CORAL, FL 33915

**New Mailing Address:**

360 SOUTH SANTA BARBARA BLVD  
CAPE CORAL, FL 33915

**FEI Number:** 23-7327968

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POWERS, JEFFREY T  
4229 SE 19 PLACE, 1F  
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

BURNETTE, WADE M  
5243 WISTERIA CT  
CAPE CORAL, FL 33904 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: WADE M. BURNETTE, JR.

10/14/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RICHARDSON, LEROY  
Address: 5917 LITTLESTONE COURT  
City-St-Zip: N. FORT MYERS, FL 33903

Title: VP  
Name: BURNETTE, WADE M  
Address: 5243 WISTERIA CT.  
City-St-Zip: CAPE CORAL, FL 33904

Title: S  
Name: OST, RUSTY  
Address: 4211 SW 13 AVENUE  
City-St-Zip: CAPE CORAL, FL 33914

I hereby 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 all other like empowered.

SIGNATURE: WADE M. BURNETTE, JR.

VP

10/14/2010

Electronic Signature of Signing Officer or Director

Date