

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N93000003660 1. Entity Name SWEET CORN GROWERS EXCHANGE, INCORPORATED						FILED 06 JAN 12 PM 4:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4401 E. COLONIAL DRIVE ORLANDO, FL 32814				Mailing Address 4401 E. COLONIAL DRIVE ORLANDO, FL 32814			
2. Principal Place of Business 800 Trafalgar Ct.		3. Mailing Address P.O. Box 948153		 REINSTATEMENT 05-06 052006 EIN 15-0000000 (1/06)			
Suite, Apt. #, etc. Ste. 200		Suite, Apt. #, etc.					
City & State Maitland, FL		City & State Maitland, FL					
Zip 32751		Country USA		Zip 32794-8153		Country USA	
4. FEI Number 59-3203908				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RAULERSON, DANNY 4401 EAST COLONIAL DRIVE ORLANDO, FL 32814				7. Name and Address of New Registered Agent Name Raulerson, Danny Street Address (P.O. Box Number is Not Acceptable) 800 Trafalgar Ct., Ste. 200 City Maitland			
FL				Zip Code 32751			
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 1-9-06			
FILE NOW!!! FEE IS \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUNDLEY, JOHN L 25849 ST RD 880 BELLE GLADE, FL 33430			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP COX, GLENN 11991 RIVERVIEW RD. CAMILLA, GA 31730			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HALL, JOSEPH 19620 N. COUNTY RD. 349 O BRIEN, FL 32071			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAULERSON, DANNY 4401 E. COLONIAL DRIVE ORLANDO, FL 32814			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, JOE E 9180 BRANCHVILLE RD. CAMILLA, GA 31730			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIDGES, JOHN JR P.O. BOX 753 BRINSON, GA 31725			<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.				400063983964 01/18/06--01079--018 **122.50			
SIGNATURE:				DATE 1-9-06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			