


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N99000001512 1. Entity Name F.E.E.D., INC.						FILED 08 OCT 27 AM 8:23	
Principal Place of Business 153 NE 97TH STREET MIAMI SHORES, FL 33138				Mailing Address 153 NE 97TH STREET MIAMI SHORES, FL 33138			
2. Principal Place of Business - No P.O. Box # 4952 N.W. 7th Ave				3. Mailing Address 4952 N.W. 7th Ave.			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State Miami, FL				City & State Miami, FL			
Zip 33127		Country USA		Zip 33127		Country USA	
4. FEI Number 31-1640071				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 KNOWLES, TARASHALA 4799-C NW 7 AVE MIAMI, FL 33127				7. Name and Address of New Registered Agent Name Tarshala Knowles Street Address (P.O. Box Number is Not Acceptable) 4952 N.W. 7th Ave City Miami FL Zip Code 33127			
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 <i>Tarshala Knowles</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 9/24/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$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	DS BUCHANAN, HOPE 4799-C NW 7 AVE MIAMI, FL 33127			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4952 N.W. 7th Ave Miami, FL 33127	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEATHERINGTON, ARNIE 4799-C NW 7 AVE MIAMI, FL 33127			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4952 N.W. 7th Ave Miami, FL 33127	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DJP KNOWLES, TARASHALA 4799-C NW 7 AVE MIAMI, FL 33127			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4952 N.W. 7th Ave Miami, FL 33127	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DARLING, GERALD 4799-C NW 7 AVE MIAMI, FL 33127			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4952 N.W. 7th Ave Miami, FL 33127	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOF WILLIAMS, VT 4799-C NW 7 AVE MIAMI, FL 33127			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4952 N.W. 7th Ave Miami, FL 33127	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCA HARRIS, KEVIN 4799-C NW 7 AVE MIAMI, FL 33127			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4952 N.W. 7th Ave Miami, FL 33127	
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.							
SIGNATURE: <i>Tarshala Knowles</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 9/24/08 (305) 467-2847 <small>Daytime Phone #</small>			