## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N99000004789

Entity Name: THE FLORIDA SUNSHINE POPS, INC.

Oct 21, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1420 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444

**Current Mailing Address: New Mailing Address:** 

1420 NORTH SWINTON AVENUE 85 SE 4TH AVE DELRAY BEACH, FL 33444 DELRAY BEACH, FL 33483

FEI Number: 65-0937204 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:

FERRER, JOSEPH FERRER, JOSEPH E 1420 NORTH SWINTON AVENUE

1420 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444 DELRAY BEACH, FL 33444

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: JOSEPH E. FERRER 10/21/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete FERRER, JOSEPH FERRER, JOSEPH Name: Name:

Address: 1420 NORTH SWINTO AVENUE Address: 1420 NORTH SWINTON AVENUE City-St-Zip: DELRAY BEACH, FL 33444 City-St-Zip: DELRAY BEACH, FL 33444

Title: () Delete Title: () Change () Addition

Name: CALELLO, CHARLES Name: Address: 23368 MIRABELLA CIRCLE Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip:

Title: () Delete Title: () Change () Addition

CAVENDISH, TOM Name: Name: 12037 N.W. 1ST STREET Address: Address: City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip:

(X) Change ( ) Addition Title: () Delete Title:

Name: HAYMAN, RICHARD Name: HAYMAN, RICHARD 4200 NORTH OCEAN DRIVE 1200 MARINE WAY B-705 Address: Address: City-St-Zip: SINGER ISLAND, FL 33409 City-St-Zip: NORTH PALM BEACH, FL 33408

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: JOSEPH E. FERRER PD 10/21/2009