
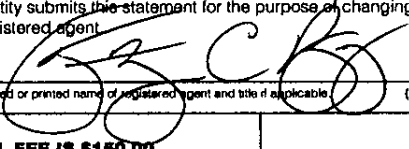
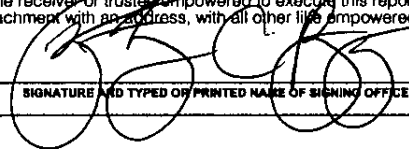


2008 FOR PROFIT CORPORATION REINSTATEMENT

Page 1 of 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 30 PM 3:24

| | | | | | |
|--|---|---|--|--|--|
| DOCUMENT # P00000061184 1. Entity Name TT&D FOODS, INC. | | | |  | |
| Principal Place of Business 9400 S. DADELAND BLVD. SUITE 720 MIAMI, FL 33156 | | | Mailing Address 13863 WOOD DUCK CIRCLE BRADENTON, FL 34202 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 65-1018675 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent CHOOS, S. SCOTT ESQ 44 N.E. 16 STREET HOMESTEAD, FL 33030 | | | 7. Name and Address of New Registered Agent Name TIM BERG Street Address (P.O. Box Number is Not Acceptable) 13863 WOOD DUCK CIRCLE City BRADENTON FL Zip Code 34202 | | |
| 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  DATE 12/29/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00 | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSD BERG, TIMOTHY C 13863 WOOD DUCK CIRCLE BRADENTON, FL 34202 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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 607, 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 life empowered. | | | | | |
| SIGNATURE:  | | | Date 12/29/08 Daytime Phone # 941-928-1607 | | |



CORPORATION SERVICE COMPANY

Page 2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 842989 7684661

AUTHORIZATION

Spurlockman

COST LIMIT : \$150.00

ORDER DATE : December 30, 2008

ORDER TIME : 11:11 AM

ORDER NO. : 842989-005

CUSTOMER NO: 7684661

DOMESTIC FILINGS

NAME: TT&D FOODS, INC.

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2008 DEC 30 PM 1:54
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret - Ext# 2949

EXAMINER'S INITIALS _____