


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000107714	
1. Entity Name COUNTRY CLUB CONFECTIONS, INC.	

FILED
05 NOV 30 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 18534 NW 67 AVE HIALEAH, FL 33015	Mailing Address 18534 NW 67 AVE HIALEAH, FL 33015
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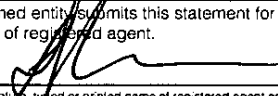


2. Principal Place of Business 18534 NW 67 Avenue Suite, Apt. #, etc. Miami City & State Florida Zip 33015	Country Miami Dade	3. Mailing Address 18534 NW 67 Ave Suite, Apt. #, etc. Miami City & State Florida Zip 33015	Country Miami Dade
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11152005 REIN-P CR2E098 (6/04)

4. FEI Number 65-1094047	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 SOLOMON LORETT 6465 NW 201 ST. HIALEAH, FL 33015	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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: 11-27-05

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SOLOMON LORETT 6465 NW 20 ST HIALEAH, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300061793183 11/30/05--01040--002 ***150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemption stated in Section 119.07(3)(i), 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 a red dress, with all other like empowered.

SIGNATURE:  DATE: 11-27-05 DAYTIME PHONE #: 686-487-5948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-27-05
Country Club Bldg.
18534 NW 67 Ave
Mia, FL 33015

Division of Corporations
P.O. Box 6327
Gallatasee, FL 32314,

As per telephone conversation with your agent who
sent me this form attached I was not informed
or made aware of the status of Country Club
Confections, so I am hereby requesting a
waiver on the re-instatement fee as I got
no form of communication from your office.
I Enclose the fee of \$150.00 due.

Thank you for your assistance.

Respectfully Yours
Loretta Plummer