

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P01000116018

**FILED**  
**Nov 18, 2010**  
**Secretary of State**

**Entity Name:** FESTIVAL FOOD CONCESSIONS, INC.

**Current Principal Place of Business:**

10229 NW 53 STREET  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

10229 NW 53 STREET  
SUNRISE, FL 33351

**New Mailing Address:**

**FEI Number:** 65-1157080

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOODMAN SCHWEITZER, ELIZABETH  
10229 NW 53 STREET  
SUNRISE, FL 33351 US

**Name and Address of New Registered Agent:**

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:** ELIZABETH SCHWEITZER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PT  
**Name:** GOODMAN SCHWEITZER, ELIZABETH  
**Address:** 9720 NW 83 STREET  
**City-St-Zip:** TAMARC, FL 33321

**Title:** VP  
**Name:** GODMAN, DONALD  
**Address:** 4762 S HEMINGWAY CIRCLE  
**City-St-Zip:** MARGATE, FL 33060

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** ELIZABETH SCHWEITZER

PT

11/18/2010

Electronic Signature of Signing Officer or Director

Date