

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000035160

FILED
Oct 22, 2008
Secretary of State

Entity Name: BRAVO FOODSERVICE DISTRIBUTORS, INC.

Current Principal Place of Business:

25 S ELLIS ROAD
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

25 S ELLIS ROAD
JACKSONVILLE, FL 32254

New Mailing Address:

FEI Number: 04-3645530

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAVID, LOUIS CPA
12627 SAN JOSE BLVD
SUITE 306
JACKSONVILLE, FL 32223 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: LOUIS DAVID

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JAIME, RAYMUNDO L
Address: 9779 NELSON FORKS DRIVE
City-St-Zip: JACKSONVILLE, FL 32222

Title: D () Delete
Name: JAIME, RAYMUNDO C
Address: P.O. BOX 60691
City-St-Zip: SAVANNAH, GA 314200691

Title: D () Delete
Name: JAIME, BERNARDINO
Address: 12 SAN ANTON DRIVE
City-St-Zip: SAVANNAH, GA 31419

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JAIME, RAYMUNDO L
Address: 25 S. ELLIS ROAD
City-St-Zip: JACKSONVILLE, FL 32254

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: RAYMUNDO JAIME

D

10/22/2008

Electronic Signature of Signing Officer or Director

Date