2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000085213

ERDMAN, ANDREA

VALRICO, FL 33594

2101 DOEFIELD COURT

Name: Address:

City-St-Zip:

Entity Name: J & E FOOD CORP OF TAMPA, INC.

FILED Aug 10, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10942 CROSS CREEK BLVD TAMPA, FL 33647 **Current Mailing Address: New Mailing Address:** 2101 DOEFIELD COURT VALRICO, FL 33594 FEI Number: 04-3706766 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SKOVGAARD, ERVIN A 2101 DOEFIELD COURT VALRICO, FL 33594 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: ERVIN SKOVGAARD 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SKOVGAARD, ERVIN A Name: Name: 2101 DOEFIELD COURT Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: Title: Title: () Delete () Change () Addition Name: SKOVGAARD, JONATHAN E Name: 2101 DOEFIELD COURT Address: Address: VALRICO, FL 33594 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition SKOVGAARD, SHERRY Name: Name: 2101 DOEFIELD COURT Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ERVIN SKOVGAARD PRES 08/10/2007