2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000064027

1. Entity Name
THE MARINATED MUSHROOM, INC.

FILED
08 NOV 13 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2753 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308	1809 MICCOSUKEE COMMONS BLVD SUITE 108 TALLAHASSEE, FL 32308

REINSTATEMENT

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2746 Capital Circle NE Suite, Apt. #, etc.	2746 Capital Circle NE Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32308 Country: U.S.	Zip: 32308 Country: U.S.

4. FEI Number: 56-2367368 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GLOVER, RICHARD 1809 MICCOSUKEE COMMONS BLVD SUITE 108 TALLAHASSEE, FL 32308	Name: Melinda McDaniel Street Address (P.O. Box Number is Not Acceptable): 2746 Capital Circle NE City: Tallahassee FL Zip Code: 32308

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: ✓ Melinda McDaniel
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	D MCDANIEL, MELINDA H 2753 CAPITAL CIRCLE NE TALLAHASSEE, FL 32344	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D McDaniel, Melinda H. 2746 Capital Circle NE Tallahassee, FL 32344	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500137791815 11/10/08--01055--006 **150.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 like empowered.

SIGNATURE: ✓ Melinda McDaniel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #