

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT -2 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09212006 REIN-P CR2E098 (11/05)

DOCUMENT # P03000097985

1. Entity Name
CARIBBEAN FROZEN FOODS DISTRIBUTORS, INC.



Principal Place of Business
**2200 FORSYTH RD., UNIT 106
ORLANDO, FL 32807**

Mailing Address
**2200 FORSYTH RD., UNIT 106
ORLANDO, FL 32807**

2. Principal Place of Business
**2200 Forsyth Rd
Orlando FL
Unit 106
32807**

3. Mailing Address
**2200 Forsyth Rd
Orlando FL
Unit 106
32807**

6. Name and Address of Current Registered Agent
**MOSLEY, DEAN F
20 N. ORANGE AVE., STE. 1309
ORLANDO, FL 32801**

4. FEI Number
20-0370149

Applied For
☐ Not Applicable

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, 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	PD BENJAMIN, GEORGE 801 PABLO LANE ORLANDO, FL 32807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000080456760 10/04/06--01029--019 **158.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MOSLEY, DEAN F 20 N. ORANGE AVE., STE. 1309 ORLANDO, FL 32801 <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	CEO BENJAMIN, GEORGE 2200 FORSYTH RD., UNIT 106 ORLANDO, FL 32807 <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
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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 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: *Benjamin G. Benjamin* **9/27/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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