

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000103933

Entity Name: PLAZA PROVISIONS WHOLESALE, INC.

FILED  
Jun 17, 2009  
Secretary of State

## Current Principal Place of Business:

3087 MICHIGAN AVENUE  
KISSIMMEE, FL

## New Principal Place of Business:

9535 SATELLITE BLVD.  
SUITE 110  
ORLANDO, FL 32837

## Current Mailing Address:

9692 LOBLOLLY PINE CIRCLE  
ORLANDO, FL 32837

## New Mailing Address:

8503 LAKE NONA SHORE DR.  
ORLANDO, FL 32827

FEI Number: 56-2396349

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROMAN, JOSE F  
9692 LOBLOLLY PINE CIRCLE  
ORLANDO, FL 32837 US

## Name and Address of New Registered Agent:

ROMAN, JOSE F  
8503 LAKE NONA SHORE DR  
ORLANDO, FL 32827 US

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: JOSE F. ROMAN

06/17/2009

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: PD ( ) Delete  
Name: ROMAN, JOSE F  
Address: 3087 MICHIGAN AVENUE  
City-St-Zip: KISSIMMEE, FL

Title: SD ( ) Delete  
Name: MENDEZ, MINERVA  
Address: 3087 MICHIGAN AVENUE  
City-St-Zip: KISSIMMEE, FL

Title: TD (X) Delete  
Name: ROMAN, RICARDO  
Address: 3087 MICHIGAN AVENUE  
City-St-Zip: KISSIMMEE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ROMAN, JOSE F  
Address: 8503 LAKE NONA SHORE DR.  
City-St-Zip: ORLANDO, FL 32827

Title: SD (X) Change ( ) Addition  
Name: MENDEZ, MINERVA  
Address: 8503 LAKE NONA SHORE DR.  
City-St-Zip: ORLANDO, FL 32827

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: JOSE F. ROMAN

PRES

06/17/2009

Electronic Signature of Signing Officer or Director

Date