2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000119550

1. Entity Name
FINER GOURMET FOODS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 21 AM 11:10

Principal Place of Business	Mailing Address
9410 ILLINOIS STREET JACKSONVILLE, FL 32218	9410 ILLINOIS STREET JACKSONVILLE, FL 32218

10202004 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
2945 Broward Rd	2945 Broward Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jax., FL	City & State: Jax., FL
Zip: 32218 Country: Duval	Zip: 32218 Country: Duval

4. FEI Number: 02-0710769 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MADDOX, CARROL JR
9410 ILLINOIS STREET
JACKSONVILLE, FL 32218

7. Name and Address of New Registered Agent

Name: Maddox, Carrol Jr

Street Address (P.O. Box Number is Not Acceptable)
2945 Broward Rd.

City: Jax FL Zip Code: 32218

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: Carrol Maddox Jr. 10/20/04
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, 2005, 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	P MADDOX, CARROL JR 9410 ILLINOIS STREET JACKSONVILLE, FL 32218	☐ Delete	Pres. Maddox, Carrol Jr 2945 Broward Rd Jax., FL 32218	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC. KICK, CHERYL L 9410 ILLINOIS STREET JACKSONVILLE, FL 32218	☐ Delete	Sec Maddox, Cheryl L. 2945 Broward Rd. Jax FL 32218	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	300042065193 10/21/04--01036--003 **158.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Cheryl R. Maddox Cheryl L. Maddox 10-20-04 (904) 764-0466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/25 aw