2012 FOR PROFIT CORPORATION REINSTATEMENT

FILED
May 09, 2012
Secretary of State

DOCUMENT# P03000137380

Entity Name: SOUTHERN SPECIALTIES 1, INC.

Current Principal Place of Business:

405 SE 45 TERRACE
OCALA, FL 34471

New Principal Place of Business:

FILING CANCELLED
RETURNED CHECK

Current Mailing Address:

405 SE 45 TERRACE
OCALA, FL 34471

New Mailing Address:

FEI Number: 20-0503308 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PASSORI, MICHAEL W SR.
405 SE 45 TERRACE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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: MICHAEL W. PASSORI SR.

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: O
Name: PASSORI, LOIS H
Address: 405 SE 45 TERRACE
City-St-Zip: OCALA, FL 34471

Title: O
Name: PASSORI, MICHAEL W SR
Address: 405 SE 45 TERRACE
City-St-Zip: OCALA, FL 34471

Title: O
Name: PASSORI, MICHAEL W JR
Address: 405 SE 45 TERRACE
City-St-Zip: OCALA, FL 34471

Title: O
Name: CASIANO, LISA A
Address: 4235 SE 17TH LANE
City-St-Zip: OCALA, FL 34471

I hereby 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 all other like empowered.

SIGNATURE: LOIS PASSORI O 05/09/2012

Electronic Signature of Signing Officer or Director — Date