

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000024503

FILED
Jun 09, 2006
Secretary of State

Entity Name: FLORIBEAN RESTAURANT ENTERPRISES, INC.

Current Principal Place of Business:

748 PARK AVE
LAKE PARK, FL 33403

New Principal Place of Business:

Current Mailing Address:

748 PARK AVE
LAKE PARK, FL 33403

New Mailing Address:

339 SW DWIGHT AVE.
PORT ST. LUCIE, FL 34983

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BADIO, FEDNORD
748 PARK AVE
LAKE PARK, FL 33403 US

Name and Address of New Registered Agent:

BADIO, FEDNORD
339 SW DWIGHT AVE.
PORT ST. LUCIE, FL 34983 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: FEDNORD BADIO

06/09/2006

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: D () Delete
Name: BADIO, FEDNORD
Address: 108 8 ST
City-St-Zip: LAKE PARK, FL 33403

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BADIO, FEDNORD
Address: 339 SW DWIGHT AVE.
City-St-Zip: PORT ST. LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the 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: FEDNORD BADIO

D

06/09/2006

Electronic Signature of Signing Officer or Director

Date