

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000077190

**FILED**  
**Aug 26, 2011**  
**Secretary of State**

**Entity Name:** FOOD PRODUCTS DEVELOPMENT, INC.

## **Current Principal Place of Business:**

1085 WEST 68TH. ST.  
APT. 109  
HIALEAH, FL 33014 US

## **New Principal Place of Business:**

6970 NW 186 STREET  
DEPT. 509  
HIALEAH, FL 33015 US

## **Current Mailing Address:**

1085 WEST 68TH. ST.  
APT. 109  
HIALEAH, FL 33014 US

## **New Mailing Address:**

6970 NW 186 STREET  
DEPT. 509  
HIALEAH, FL 33015 US

**FEI Number:** 20-1139613

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

## **Name and Address of Current Registered Agent:**

MALDONADO, GALO E  
1085 WEST 68TH. ST.  
APT. 109  
HIALEAH, FL 33014 US

## **Name and Address of New Registered Agent:**

MALDONADO, GALO E  
6970 NW 186 STREET  
DEPT. 509  
HIALEAH, FL 33015 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:** GALO MALDONADO

08/26/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

**Title:** P/S  
**Name:** MALDONADO, GALO E  
**Address:** 6970 NW 186 STREET DEPT. 509  
**City-St-Zip:** HIALEAH, FL 33015 US

**Title:** VP/T  
**Name:** VILLARROEL, ISABEL G  
**Address:** 6970 NW 186 STREET DEPT. 509  
**City-St-Zip:** HIALEAH, FL 33015 US

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:** GALO MALDONADO

P/S

08/26/2011

Electronic Signature of Signing Officer or Director

Date