

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000111608

1. Entity Name
TASTES OF THE OLD SOUTH, INC.



Principal Place of Business

~~2809 HWY 71~~
MARIANNA, FL 32446

Mailing Address

~~2809 HWY 71~~
MARIANNA, FL 32446

2. Principal Place of Business

4655 B EAST HWY 90
Suite, Apt. #, etc.

3. Mailing Address

4655 B EAST HWY 90
Suite, Apt. #, etc.

City & State

MARIANNA FL

City & State

MARIANNA FL

Zip

32448

Country

Zip

32448

Country

05102006

REIN-P

CR2E098 (11/05)

4. FEI Number

34-2008256

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~DOVE, JOYCE S~~
203 N FRANKLIN BLVD
TALLAHASSEE, FL 32304

7. Name and Address of New Registered Agent

Name SANORA C SMITH
Street Address (P.O. Box Number is Not Acceptable)
4667 FIELDSTONE CT
City MARIANNA FL Zip Code 32448

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

Sanora C Smith

(NOTE: Registered Agent signature required when reinstating)

DATE

5/16/06

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME PICHARD, PAMELA
STREET ADDRESS 7625 TALLEY ANN DR
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4655 B EAST HWY 90
CITY-ST-ZIP MARIANNA FL 32448

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800076163398
CITY-ST-ZIP 06/14/06--01006--005 **308.75

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Pamela Pichard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/06

850-482-7992

Daytime Phone #

FILED
06 MAY 26 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05-06