

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000112754 1. Entity Name VISHAL FOODS OF REGENCY, INC.						FILED 06 MAY 19 PM 2:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 8824 HARPERS GLEN COURT JACKSONVILLE, FL 32256				Mailing Address 8824 HARPERS GLEN COURT JACKSONVILLE, FL 32256			
2. Principal Place of Business 9527 REGENCY SQ BWN SUITE 100 JACKSONVILLE, FL 32225 U.S.A		3. Mailing Address 9527 REGENCY SQ BWN SUITE 100 JACKSONVILLE, FL 32225 U.S.A		 REINSTATEMENT 05-06 05/12/06 REIN-P CR2E098 (11965)			
4. FEI Number 342 010 405		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
				Name RUBEN LAYUG JR. Street Address (P.O. Box Number is Not Acceptable) 1191 WYNDHAM HOLLOW LANE City JACKSONVILLE FL Zip Code 32246			
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 <small>Signature typed or printed name of registered agent and title if applicable.</small>				DATE 16 MAY 06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RESTREPO, XIOMARA 4628 RIDGE WALK LANE JACKSONVILLE, FL 32257 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / D / S RUBEN LAYUG JR. 1191 WYNDHAM HOLLOW LANE JACKSONVILLE FL 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR / T GERALDINE LAYUG 1191 WYNDHAM HOLLOW LANE JACKSONVILLE FL 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	900076158849 06/13/06--01046--010 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 16 MAY 06 (904) 651-9252			