2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000118410

Entity Name: SPOONFED, INC

FILED Nov 21, 2007 Secretary of State

| Entity Nar | ne: SPOONE | ED, INC. | | | | |
|--|--|---------------------------------|--|---|-------------------------------------|--|
| Current P | rincipal Place | of Business: | New Princ | New Principal Place of Business: | | |
| | 28TH STREE K, NY 10001 | T. | | | | |
| Current Mailing Address: | | | New Maili | New Mailing Address: | | |
| 548 WEST 28TH STREET SUITE 5B NEW YORK, NY 10001 | | | 17912 NW 11TH STREET PEMBROKE PINES, FL 33029 | | | |
| FEI Number: | 20-1499442 | FEI Number Applied For () | FEI Number Not Appl | icable () | Certificate of Status Desired () | |
| Name and | Address of C | Current Registered Agent: | Name and | Name and Address of New Registered Agent: | | |
| PEMBROK The above | 11TH STREE Œ PINES, FL | 33029 US | urpose of changing i | ts registered of | ffice or registered agent, or both, | |
| | RE: PAUL RO | NICA | | | | |
| SICINATOR | | nic Signature of Registered Age | ent | | Date | |
| Election Can | npaign Financin | g Trust Fund Contribution (). | | | | |
| OFFICERS | S AND DIREC | TORS: | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | P () BENALTABA, C 20 BRAISTED A STATEN ISLAN | AVE | Title: Name: Address: City-St-Zip: | () | Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP (X MORAN, ALBE 400 ALTON RO MIAMI BEACH, | AD #1509 | Title: Name: Address: City-St-Zip: | () | Change () Addition | |
| Title: Name: Address: City-St-Zip: | S () FEBRES, ANGI 8400 DUNDEE MIAMI LAKES, | TERRACE | Title: Name: Address: City-St-Zip: | S (X) FEBRES, ANGE 19078 SW 26TH MIRAMAR, FL 3 | H STREET | |
| Title: Name: | T () SPECTOR, WII |) Delete LLIAM | Title: Name: | () | Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: OFEER BENALTABA P 11/21/2007

506 LA GUARDIA PLACE 3RD FLOOR

NEW YORK, NY 10010

Address:

City-St-Zip: