2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000128085

Entity Name: CARIBBEAN FLAVOR OF SUNRISE INC.

FILED Oct 10, 2005 Secretary of State

Littly Na	IIIE. CARIBL	BLAN FLAVOR OF SUNRISL IN	Ю.		
Current Principal Place of Business:			New Principal Place of Business:		
	SET STRIP , FL 33313	US			
Current Mailing Address:			New Mailing Address:		
	SET STRIP , FL 33313	US			
FEI Number	: 56-2479435	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SUNRISE	SET STRIP , FL 33313	US y submits this statement for the	ourpose of changing its registere	d office or registered agent, or both,	
in the State	e of Florida.				
SIGNATU	RE: <u>ALVIS A</u>				
	Electro	onic Signature of Registered Ag	ent	Date	
		193(2)(b), F.S., the corporation did noing Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DIR ALLEN, ALVI 5871 NW 161 SUNRISE, FL	TH COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DEER, JACQ	E OAK CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALVIS ALLEN MRS 10/10/2005