2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000138418

Title:

Name:

Address:

City-St-Zip:

SEC

() Delete

WILLIAMS, LUVENIA

14419 SO. KENWOOD

DOLTON, IL 60419 US

Entity Name: BOMACK FOODS, CORP

FILED Oct 05, 2005 Secretary of State

Littly Nan	ile. BOMAC	K FOOD	o, CORF				
Current Principal Place of Business:				New Principal Place of Business:			
	MONDVILLE) BEACH, FL		US				
Current Mailing Address:				New Mailing Address:			
2686 EDGE WESTON,	EWATER CT FL 33332	US					
FEI Number:	27-0106633	FEI Nu	mber Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Addres	Name and Address of New Registered Agent:		
	GEORGE E EWATER CT FL 33332						
The above in the State	named entity of Florida.	/ submits t	this statement for the	purpose of changing its registe	ered office or registered agent, or both,		
SIGNATUF	RE: GEORG	EE. WIL	LIAMS				
	Electro	onic Signa	ture of Registered Ag	ent	Date		
			S., the corporation did nanification (ot receive the prior notice.			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P (POWE-WILLI 2686 EDGEW WESTON, FL	ATER COL		Title: Name: Address: City-St-Zip:	() Change() Addition		
Title: Name: Address: City-St-Zip:	VP (POWE, LAWF 6430 S.W. 18 NORTH LAUD	TH COURT		Title: Name: Address: City-St-Zip:	() Change() Addition		
Title: Name: Address: City-St-Zip:	VP (POWE, ALON 2686 EDGEW WESTON, FL	ATER COU	RT	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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BRENDA POWE-WILLIAMS P 10/05/2005

() Change () Addition