

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000146363

Entity Name: EZ-NUTS INC

FILED  
Oct 05, 2006  
Secretary of State

**Current Principal Place of Business:**

613 NW 109 AVE  
PEMBROKE PINES, FL 33026 US

**New Principal Place of Business:**

**Current Mailing Address:**

613 NW 109 AVE  
PEMBROKE PINES, FL 33026 US

**New Mailing Address:**

FEI Number: 20-1784176

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ORTEGA, RICARDO L  
7870 WEST FLAGLER ST  
MIAMI, FL 33144 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: RICARDO L ORTEGA

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PENA, DENISSE E  
Address: 613 NW 109 AVE  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VP ( ) Delete  
Name: NIETO, ALVARO A  
Address: 613 NW 109 AVE  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: S ( ) Delete  
Name: PENA, CLAUDIO A  
Address: 613 NW 109 AVE  
City-St-Zip: PEMBROKE PINES, FL 33026

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: DENISSE PENA

P

10/05/2006

Electronic Signature of Signing Officer or Director

Date