

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000147596

FILED  
Apr 04, 2006  
Secretary of State

Entity Name: ADVANCED FLAVORS & FRAGRANCES, INC.

## Current Principal Place of Business:

202 S. WHEELER STREET  
PLANT CITY, FL 33563 US

## New Principal Place of Business:

2033 MAIN STREET  
SUITE 400  
PLANT CITY, FL 33563 US

## Current Mailing Address:

202 S. WHEELER STREET  
PLANT CITY, FL 33563 US

## New Mailing Address:

2033 MAIN STREET  
SUITE 400  
SARASOTA, FL 34237 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

EDELSON, JOEL H  
202 S. WHEELER STREET  
PLANT CITY, FL 33563 US

## Name and Address of New Registered Agent:

WEST, DAVID L  
2033 MAIN STREET  
SUITE 400  
SARASOTA, FL 34237 US

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: DAVID L WEST

04/04/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: EDELSON, JOEL H  
Address: 202 S. WHEELER STREET  
City-St-Zip: PLANT CITY, FL 33563 US

Title: VP ( ) Delete  
Name: EDELSON, JOEL H  
Address: 202 S. WHEELER STREET  
City-St-Zip: PLANT CITY, FL 33563 US

Title: S/T ( ) Delete  
Name: EDELSON, JOEL H  
Address: 202 S. WHEELER STREET  
City-St-Zip: PLANT CITY, FL 33563 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WEST, DAVID L  
Address: 2033 MAIN STREET, SUITE 400  
City-St-Zip: SARASOTA, FL 34237 US

Title: VP (X) Change ( ) Addition  
Name: WEST, DAVID L  
Address: 2033 MAIN STREET SUITE 400  
City-St-Zip: SARASOTA, FL 34237 US

Title: S/T (X) Change ( ) Addition  
Name: WEST, DAVID L  
Address: 2033 MAIN STREET, SUITE 400  
City-St-Zip: SARASOTA, FL 34237 US

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: DAVID L WEST

P

04/04/2006

Electronic Signature of Signing Officer or Director

Date