


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000162616		
1. Entity Name G.I.O. FOOD SUPPLY INC.		

Principal Place of Business 3928 S. SEMORAN BLVD ORLANDO, FL 32822 US	Mailing Address 3928 S. SEMORAN BLVD ORLANDO, FL 32822 US
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2. Principal Place of Business 3928 S. SEMORAN BLVD	3. Mailing Address 3928 S. SEMORAN BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Orlando FL	City & State Orlando FL
Zip 32822	Zip 32822
Country ORANGE	Country ORANGE

02152006 REIN-P CR2E098 (11/05)

4. FEI Number 201961225	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FERRIOLO, GIOVANNI 8407 PAMLICO ST. ORLANDO, FL 32817	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE G. Ferruolo (Giovanni Ferruolo)	DATE 02/17/06

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERRIOLO, GIOVANNI 8407 PAMLICO ST ORLANDO, FL 32817 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400067479564 03/09/06--01050--021 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PANORA, ROSA 490 FREEMAN ST. LONGWOOD, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition B 2/24/06 400067479564 03/09/06--01050--022 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400067479564 03/09/06--01050--023 **8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400067479564 03/09/06--01050--024 **8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: G. Ferruolo (Giovanni Ferruolo)	DATE 02/17/06