

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000171718

FILED
Dec 03, 2007
Secretary of State

Entity Name: SOUTHERN GLATT KOSHER INC.

Current Principal Place of Business:

2681 S PARK ROAD
PEMBROKE PARK, FL 33009

New Principal Place of Business:

1835 HALLANDALE BEACH BLVD.
#429
HALLANDALE, FL 33009

Current Mailing Address:

2681 S PARK ROAD
PEMBROKE PARK, FL 33009

New Mailing Address:

1835 HALLANDALE BEACH BLVD.
#429
HALLANDALE, FL 33009

FEI Number: 20-2051869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, ABRAHAM
2681 S PARK ROAD
PEMBROKE PARK, FL 33009 US

Name and Address of New Registered Agent:

KAIN, SHARON
1835 HALLANDALE BEACH BLVD.
#429
HALLANDALE, FL 33009 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: SHARON KAIN

12/03/2007

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: COHEN, ABRAHAM
Address: 2681 S PARK ROAD
City-St-Zip: PEMBROKE PARK, FL 33009

Title: VP (X) Delete
Name: IGILOV, SHUMY
Address: 2681 S PARK ROAD
City-St-Zip: PEMBROKE PARK, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: KAIN, SHARON
Address: 1835 HALLANDALE BEACH BLVD. #429
City-St-Zip: HALLANDALE, FL 33009

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

I hereby certify that the information supplied with this filing does not qualify 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: SHARON KAIN

P/D

12/03/2007

Electronic Signature of Signing Officer or Director

Date