2006 FOR PROFIT CORPORATION REINSTATEMENT DOCUMENT # P05000033291

1. Ertity Name					SEGRETARY TO SERVICE THE SECRETARY TO SERVICE THE SECRETARY THE SECRETAR			
PETER PI	PERS FOOD, INC.		Univisiva of the collection					
D		A A - 111		0:	6 OCT 13	8 HA	21	
Principal Place of Business Mailing Address 911 E. KNOLLWOOD 911 E. KNOLLWOOD					COMPANIES S		(-	
		TAMPA, FL 33604		1	I També	6 test 1	<i></i>	V
2. Principal Pl	ace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10072006	REIN-P	.,	8 (11/05)	(441)) (44 1
City & State		City & State						plied For
				4. FEI NOITION	20-24			t Applicable
Zip	Country	Zip	Country	5. Certificate of	Status Desired		8.75 Add ee Required	
	6. Name and Address of Curren	Registered Agent	Name	7. Name and A	ddress of New R	egistered A	gent	
DAY, SHAF		Street Address (P.O. Box Number is Not Acceptable)						
911 E. KNOLLWOOD TAMPA, FL 33604			Street Addres	ss (P.O. Box Number	is Not Acceptable	3)		
			City			FL	Zip Code	
8. The above	named entity submits this statement f	or the purpose of changing its	registered office or regis	stered agent, or both,	in the State of Fk		amiliar with,	and accept
	ons of registered agent.							·
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	: Registered Agent signature re	(golfsteeler neelw beniupe		DATE	 	-,
	E NOWIS FEE IS \$150.00				In accordance v	with s. 607.	193(2)(b),	F.S., the
	uary 1, 2007, Fee will be \$300.						.	
TITLE	D OFFICERS AND	DIRECTORS Delete	11.	ADDITIONS/C	HANGES TO OFF	ICERS AND	☐ Change	Addition
NAME	DAY, SHARON	LJ Ooke	NAME	on.		y		_
STREET ADDRESS City-St-Zip	911 E. KNOLLWOOD TAMPA, FL 33604		STREET ADDRESS CITY-ST-ZIP	10/13	7 0080 7060109	ij 015	ゴゴゴ **15	0.00
mu		☐ Delete	TITLE				Change	Addition
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CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME Street address			NAME STREET ADDRESS					
CITY-ST-ZIP								
J			CITY-ST-ZIP					
TITLE		☐ Delete	CITY-ST-ZIP TITLE				Change	Addition
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