

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000059863 1. Entity Name DIPPIN' DELIGHTS, INC.					
Principal Place of Business 2924 NW 55TH AVENUE SUITE #2D LAUDERHILL, FL 33313 US			Mailing Address 2924 NW 55TH AVENUE SUITE #2D LAUDERHILL, FL 33313 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4673 SW 75TH WAY Suite, Apt. #, etc.			
City & State Zip		City & State DAVIE, FL Zip 33314		4. FEI Number 20-2762475	
Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HAMILTON, JOHN 2924 NW 55TH AVENUE SUITE 2D LAUDERHILL, FL 33313			7. Name and Address of New Registered Agent Name JOHN HAMILTON Street Address (P.O. Box Number is Not Acceptable) 4673 SW 75TH WAY City DAVIE FL Zip Code 33314		
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 JOHN HAMILTON 10/08/06 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMILTON, JOHN 2924 NW 55TH AVENUE, SUITE 2D LAUDERHILL, FL 33313	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600080878136 10/16/06--01045--025 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FARRELL, JONATHAN 2924 NW 55TH AVENUE, SUITE 2D LAUDERHILL, FL 33313	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: JONATHAN FARRELL 10/08/06 954-224-4732 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		