

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000071208

Entity Name: HALF BAKED, INC.

FILED
Mar 30, 2007
Secretary of State

Current Principal Place of Business:

2450 RIVER RISE CT
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

2450 RIVER RISE CT
ORLANDO, FL 32828

New Mailing Address:

FEI Number: 20-2896707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSTON, MICHAEL E
2450 RIVER RISE CT
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

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: MICHAEL E. JOHNSTON

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: D () Delete
Name: JOHNSTON, MICHAEL E
Address: 2450 RIVER RISE CT
City-St-Zip: ORLANDO, FL 32828

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D () Change (X) Addition
Name: JOHNSTON, CINDI P
Address: 2450 RIVER RISE CT.
City-St-Zip: ORLANDO, FL 32828

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: MICHAEL E. JOHNSTON

D

03/30/2007

Electronic Signature of Signing Officer or Director

Date