

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000097323

FILED
Jun 23, 2007
Secretary of State

Entity Name: HOT OLIVES' SPECIALTY FOOD MARKET, INC.

Current Principal Place of Business:

433 W. NEW ENGLAND AVENUE
SUITE A
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1883
WINTER PARK, FL 32790 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PARTIN, GLENN
433 W. NEW ENGLAND AVENUE
SUITE A
WINTER PARK, FL 32789 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: GLENN PARTIN

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PARTIN, GLENN
Address: 1850 WHITEHALL DRIVE
City-St-Zip: WINTER PARK, FL 32789 US

Title: VP () Delete
Name: POYNER, STEVEN
Address: 2733 SCARLET ROAD
City-St-Zip: WINTER PARK, FL 32792 US

Title: S () Delete
Name: ROGERS, RICHARD
Address: 1850 WHITEHALL DRIVE
City-St-Zip: WINTER PARK, FL 32789 US

Title: T () Delete
Name: KENYON, CHRISTOPHER
Address: 2733 SCARLET ROAD
City-St-Zip: WINTER PARK, FL 32792 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: GLENN PARTIN

Electronic Signature of Signing Officer or Director

P

06/23/2007

Date