

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED


06 NOV 28 PM 3: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06



11202006 REIN-P CR2E098 (11/05)

DOCUMENT # P05000130484					
1. Entity Name H & M CARIBBEAN FOOD, INC.					
Principal Place of Business 2720 HIAWASSEE RD ORLANDO, FL 32818			Mailing Address 2720 HIAWASSEE RD ORLANDO, FL 32818		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3531430	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENRY, HERVIN L 2055 CASABA COVE AVE OCOE, FL 34761				7. Name and Address of Now Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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: <u>HERVIN HENRY</u>				DATE: <u>11.27.06</u>	
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENRY, HERVIN L		NAME		
STREET ADDRESS	2055 CASABA COVE AVE		STREET ADDRESS		
CITY-ST-ZIP	OCOE, FL 34761		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENRY, MADELINE		NAME		
STREET ADDRESS	2055 CASABA COVE		STREET ADDRESS		
CITY-ST-ZIP	OCOE, FL 34761		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>HERVIN HENRY</u>				DATE: <u>11.27.06</u>	
Signature and typed or printed name of signing officer or director				Daytime Phone # <u>4078225425</u>	