2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000136086

WRIGHT, LARVETTA

1124 NW 8TH AVENUE

FORT LAUDERDALE, FL 33311

Name:

Address:

City-St-Zip:

Entity Name: SIMPLY DELICIOUS CATERING INC.

FILED Oct 08, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1124 NW 8TH AVENUE FORT LAUDERDALE, FL 33311 **Current Mailing Address: New Mailing Address:** 1124 NW 8TH AVENUE FORT LAUDERDALE, FL 33311 FEI Number: 56-2535393 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WRIGHT, LARVETTA 1124 NW 8TH AVENUE FORT LAUDERDALE, FL 33311 US 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: LARVETTA WRIGHT 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: P/D () Delete () Change () Addition WRIGHT, LARVETTA Name: Name: 1124 NW 8TH AVENUE Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33311 City-St-Zip: Title: VP/D Title: () Delete () Change () Addition Name: YOUNG, STEPHANIE Name: 1124 NW 8TH AVENUE Address: Address: FORT LAUDERDALE, FL 33311 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition YOUNG, STEPHANIE Name: Name: 1124 NW 8TH AVENUE Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33311 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: STEPHANIE YOUNG VP 10/08/2006