2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 08, 2009
Secretary of State

DOCUMENT# P05000147235

Entity Name: K-TER POP, INC.

Current Principal Place of Business:

7200 N.W. 109 COURT
MIAMI, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

7200 N.W. 109 COURT
MIAMI, FL 33178 US

New Mailing Address:

FEI Number: 72-1607827 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRAUSS, DAVID A ESQUIRE
25 S.E. 2ND AVENUEN
SUITE 730
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

LA GRAVE, ALICIA
7200 NW 109 CT
MIAMI, FL 33178 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: ALICIA LA GRAVE 10/08/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LAGRAVE, GUSTAVO A.
Address: 7200 N.W. 109 COURT
City-St-Zip: MIAMI, FL 33178 US

Title: TD ( ) Delete
Name: LAGRAVE, ANNABELLA
Address: 7200 N.W. 109 COURT
City-St-Zip: MIAMI, FL 33178 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change ( ) Addition
Name: LAGRAVE, ANNABELLA A ANNABEL
Address: 7200 N.W. 109 COURT
City-St-Zip: MIAMI, FL 33178 US

Title: AD ( ) Change (X) Addition
Name: LA GRAVE, ALICIA
Address: 7200 NW 109 CT
City-St-Zip: MIAMI, FL 33178 US

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: GUSTAVO LA GRAVE PD 10/08/2009
Electronic Signature of Signing Officer or Director Date