


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000015880		
1. Entity Name TASTY CHOICES CORP.		

FILED
08 APR 14 AM 6:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 215 NORTH MIAMI AVENUE MIAMI, FL 33128	Mailing Address 1401 BAY ROAD #201 MIAMI, FL 33139
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 1401 Bay Road Suite, Apt. #, etc. #201
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Miami Beach, FL
Zip	Zip 33139
Country	Country USA



REINSTATEMENT
01282008 REINP CR25098 (1/07) 07-08

4. FEI Number 20-4221268	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MUÑOZ, MILDRED 1401 BAY ROAD 201 MIAMI BEACH, FL 33139	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code	

Not New but the address was missing the Apt # and correct City!

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: <i>X Mildred Munoz</i>
(NOTE: Registered Agent signature required when reinstating)
DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUÑOZ, MILDRED 1401 BAY ROAD APT# 201 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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000123260960
04/14/08--01045--012 **300.00

\$24/14

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: <i>X Mildred Munoz</i>	1/25/08 305-379-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone

2007 150
2008 150
4200