

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000061747

Entity Name: THREE SCOOPS INC.

FILED
Apr 06, 2009
Secretary of State

Current Principal Place of Business:

1681 SW 159 AVE
PEMBROKE PINES, FL 33027

New Principal Place of Business:

244 N KETCH DR
SUNRISE, FL 33326

Current Mailing Address:

1681 SW 159 AVE
PEMBROKE PINES, FL 33027

New Mailing Address:

244 N KETCH DR
SUNRISE, FL 33326

FEI Number: 20-4789981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENGLE, DAVID
1681 SW 159 AVE
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

ENGLE, DAVID
244 N KETCH DR
SUNRISE, FL 33326 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: DAVID ENGLE

04/06/2009

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:

Title: P () Delete
Name: ENGLE, DAVID
Address: 1681 SW 159 AVE
City-St-Zip: PEMBROKE PINES, FL 33027 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ENGLE, DAVID
Address: 244 N KETCH DR
City-St-Zip: SUNRISE, FL 33026 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: DAVID ENGLE

P

04/06/2009

Electronic Signature of Signing Officer or Director

Date