2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 11, 2008
Secretary of State

DOCUMENT# P06000087564

Entity Name: CRACKERSCOOB ENTERPRISES, INC.

Current Principal Place of Business:

317 CHEROKEE AVE
HAINES CITY, FL 33844

New Principal Place of Business:

107 MINNIEHAHA CIRCLE
HAINES CITY, FL 33844

Current Mailing Address:

317 CHEROKEE AVE
HAINES CITY, FL 33844

New Mailing Address:

107 MINNIEHAHA CIRCLE
HAINES CITY, FL 33844

FEI Number: 86-1171107 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A H GANTT CPA & ASSOCIATES PA
3359 W VINE ST
104
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

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: MR DEREK BREEN

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: JONES, MELANIE
Address: 317 CHEROKEE AVE
City-St-Zip: HAINES CITY, FL 33844

Title: VP (X) Delete
Name: SILCOX, TRUDIE
Address: 317 CHEROKEE AVE
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: JONES, MELANIE MRS
Address: 107 MINNIEHAHA CIRCLE
City-St-Zip: HAINES CITY, FL 33844

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

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: MELANIE JONES MRS 02/11/2008

Electronic Signature of Signing Officer or Director — Date