


2009 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # P06000107703 | |  |
| 1. Entity Name TWISTED DELITE, INC | | |

FILED

09 JAN 13 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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|--------------------------------------------------------------------|--------------------------------------------------------|
| Principal Place of Business 3820 SW 87 CT MIAMI, FL 33165 US | Mailing Address 3820 SW 87 CT MIAMI, FL 33165 US |
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| 2. Principal Place 9225 SW 87 Ave Suite, Apt. #, etc. A-4 | 3. Mailing Address P.O. Box 830792 Suite, Apt. #, etc. |
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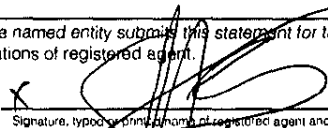
01122009 REIN-P CR2E098 (1/07)

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| City & State Miami FL | City & State Miami FL |
| Zip 33176 | Zip 33283 |
| Country USA | |

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| 4. FEI Number 20-5369733 | Applied For Not Applicable |
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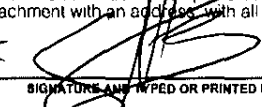
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BRENA, ELIZABETH 3820 SW 87 CT MIAMI, FL 33165 | 7. Name and Address of New Registered Agent Name: Elizabeth Brena Street Address (P.O. Box Number is Not Acceptable) 9225 SW 87 Ave A-4 City: Miami FL Zip Code: 33176 |
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| 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:  | DATE: 1-12-09 |

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| FILE NOW!!! FEE IS \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BRENA, ELIZABETH 3820 SW 87 CT MIAMI, FL 33165 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | NEW ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 9225 SW 87 AVE A-4 MIAMI FL 33176 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BRENA, ELIZABETH 3820 SW 87 CT MIAMI, FL 33165 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 900140484269 01/13/09--01005--021 **300.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BRENA, ELIZABETH 3820 SW 87 CT MIAMI, FL 33165 <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 |
| 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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| 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:  | DATE: 1-12-09 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |