## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P07000046502

Entity Name: KEMMY'S GROCERIES, INC.

FILED Apr 01, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

1600 NORTH FEDERAL HWY SUITE 8 2123 10TH AVENUE NORTH BOYNTON BEACH, FL 33435 2123 10TH AVENUE NORTH LAKE WORTH, FL 33461

Current Mailing Address: New Mailing Address:

1600 NORTH FEDERAL HWY SUITE 8 P O BOX 8445

BOYNTON BEACH, FL 33435 DELRAY BEACH, FL 33482

FEI Number: 38-3758344 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PHILIPPE, FIKEM J
740 INDIGO RUN DRIVE
JACKSONVILLE, FL 32218 US

JEAN PHILYPPE, RIKEM
2123 10TH AVENUE NORTH
LAKE WORTH, FL 33461 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: KEM'S TAX SERVICE, INC 04/01/2009

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:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: PHILIPPE, RIKEM J DR Name: JEAN PHILYPPE, RIKEM DR

Address: P.O. BOX 8445 Raddress: P.O. BOX 8445

City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: DELRAY BEACH, FL 33482

 Title:
 D () Delete
 Title:
 D (X) Change () Addition

 Name:
 PHILIPPE, KEMMY J
 Name:
 JEAN PHILYPPE, KEMMY R

 Address:
 P.O. BOX 8445
 Address:
 P.O. BOX 8445

City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: DELRAY BEACH, FL 33484

Title: D () Delete Title: D (X) Change () Addition Name: PHILIPPE, KEMSON J Name: JEAN PHILYPPE, KEMSON R

Address: P.O. BOX 8445 Address: P.O. BOX 8445

City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: DELRAY BEACH, FL 33482

Title: ( ) Delete Title: S ( ) Change (X) Addition

 Name:
 Name:
 CEUS, FRANCESSE

 Address:
 Address:
 P O BOX 8445

 City-St-Zip:
 City-St-Zip:
 DELRAY BEACH, FL 33482

Title: ( ) Delete Title: AS ( ) Change (X) Addition

Name: Name: PROPHETE, LÝNDA Address: P O BOX 8445

City-St-Zip: City-St-Zip: DELRAY BEACH, FL 33482

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: RIKEM JEAN PHILYPPE D 04/01/2009