

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000050104

Entity Name: GOURMETFOODMALL.COM, INC.

FILED
Dec 02, 2009
Secretary of State

Current Principal Place of Business:

1180 SW 36 AVE.,
SUITE 207
POMPANO BEACH, FL 33069 US

Current Mailing Address:

1180 SW 36 AVE.,
SUITE 207
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

2400 VETERANS BLVD
SUITE 145
KENNER, LA 70062 US

New Mailing Address:

2400 VETERANS BLVD
SUITE 145
KENNER, LA 70062 US

FEI Number: 11-3525468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST
#500
ORLANDO, FL 32804 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: LEON CABES

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 D () Delete
Name: CABES, LEON J JR
Address: 4724 CHATEAU DR.
City-St-Zip: METAIRIE, LA 70002 US

Title: ST D () Delete
Name: PERRONE, JOHN J JR
Address: 4520 N. TURNBULL
City-St-Zip: METAIRIE, LA 70002 US

Title: D () Delete
Name: RESTIVO, ANDREW
Address: 1180 SW 36 AVE., SUITE 207
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: D () Delete
Name: SAIA, LYNDON J
Address: 316 KEYSTONE LOOP
City-St-Zip: HOUMA, LA 70360 US

Title: D () Delete
Name: LEGRAND, GEORGES
Address: 316 EAST LIVINGSTON PLACE
City-St-Zip: METAIRIE, LA 70005 US

Title: D () Delete
Name: ZUPPARDO, PETER A
Address: 5010 VETERANS BLVD
City-St-Zip: METAIRIE, LA 70006 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: CABES, LEON
Address: 2400 VETERANS BLVD, SUITE 145
City-St-Zip: KENNER, LA 70062 US

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

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

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: LEON J. CABES JR

OD

12/02/2009

Electronic Signature of Signing Officer or Director

Date