2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000082217

YOSA, ZENAÌDA

1507 STARWAN DR.

JACKSONVILLE, FL 32211

Name:

Address:

City-St-Zip:

Entity Name: THE TASTE OF MANII A INC

FILED Feb 09, 2009 Secretary of State

Entity Name: THE TASTE OF MANILA, INC.					
Current Principal Place of Business:			New Principal Place o	of Business:	
	IOHN'S BLUFF VILLE, FL 322				
Current Mailing Address:			New Mailing Address:		
	IOHN'S BLUFF VILLE, FL 322				
FEI Number	: 26-0770294	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
PAGADUAN, ROSALINDA 2177 LUANA DR. E. JACKSONVILLE, FL 32246 US					
	named entity : e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE: ROSALIN	IDA PAGADUAN			
	Electror	nic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.		
	S AND DIREC	• , ,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () PAGADUAN, RO 2177 LUANA D JACKSONVILL	R. E.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () PAGADUAN, D 2177 LUANA D JACKSONVILL	R. E.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	S () RAMP, RONAL 2177 LUANA D JACKSONVILLI	R. E.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	T ()) Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROSALINDA PAGADUAN P 02/09/2009