


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000099809 1. Entity Name BEST DELI, INC.		
Principal Place of Business 1015 SOUTH UNIVERSITY DRIVE PLANTATION, FL 33324		Mailing Address 1015 SOUTH UNIVERSITY DRIVE PLANTATION, FL 33324
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
4. FEI Number 26-0859278		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent <div style="font-size: 2em; text-align: center;">None</div> Registered Agent resigned 8/19/2008		7. Name and Address of New Registered Agent Name INCOOP SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 17888 67TH COURT NORTH City LOXAHATCHEE FL Zip Code 33470
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: <u>Janice Null on behalf of Incorp Services, Inc.</u> DATE: <u>11/21/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / CEO MICHAEL GIETTER <input type="checkbox"/> Delete 19725 SHERMAN WAY #160 CANOGA PARK, CA. 91306	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Sec <input type="checkbox"/> Delete PATTI GIETTER 19725 SHERMAN WAY #160 CANOGA PARK, CA 91306	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P OPERATIONS <input type="checkbox"/> Delete ALCIDIA STERN 1015 S. UNIVERSITY DR PLANTATION, FL. 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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: <u>Michael Gietter</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>11/10/08</u> Daytime Phone #: <u>(818) 882 6012</u>

FILED
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COUNTY OF ST. LUCIE
TALLahassee, FLORIDA

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REINSTATEMENT⁰⁸