## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P07000110891

Entity Name: TASTY FRESH, INC

FILED Apr 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2847 POINCIANA CIRLCE 2847 POINCIANA CIRCLE COOPER CITY, FL 33026 COOPER CITY, FL 33026

Current Mailing Address: New Mailing Address:

2847 POINCIANA CIRLCE 2847 POINCIANA CIRCLE COOPER CITY, FL 33026 COOPER CITY, FL 33026

FEI Number: 22-3970157 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US TODD BOMSER 8211 W. BROWARD BLVD. SUITE 440 PLANTATION, FL 33324 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: TODD BOMSER 04/06/2009

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: PSD ( ) Delete

Title: PSD () Delete
Name: DOUNN, SHELDON
Address: 2847 POINCIANA CIRLCE

City-St-Zip: COOPER CITY, FL 33026
Title: VD ( ) Delete

Name: DOUNN, DONNA
Address: 2847 POINCIANA CIRLCE
City-St-Zip: COOPER CITY, FL 33026

Title: PSD (X) Change ( ) Addition
Name: DOUNN, SHELDON
Address: 2847 POINCIANA CIRCLE
City-St-Zip: COOPER CITY, FL 33026

Title: ( ) Change ( ) Addition

Name: Address: Citv-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: SHELDON DUONN P 04/06/2009