2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
May 12, 2009
Secretary of State

DOCUMENT# P07000127572

Entity Name: GALANOS FOOD SERVICES, INC.

Current Principal Place of Business:

436 EAST ROSSETTI DRIVE
NOKOMIS, FL 34275

New Principal Place of Business:

385 U.S. 41 BYPASS N.
VENICE, FL 34285

Current Mailing Address:

436 EAST ROSSETTI DRIVE
NOKOMIS, FL 34275 US

New Mailing Address:

FEI Number: 26-1545760 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DANZ, RICHARD H
436 EAST ROSSETTI DRIVE
NOKOMIS, FL 34275 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: RICHARD H DANZ
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 ( ) Delete
Name: DANZ, RICHARD H
Address: 436 EAST ROSSETTI DRIVE
City-St-Zip: NOKOMIS, FL 34275 US

Title: VP ( ) Delete
Name: GALANOS, THOMAS
Address: 436 EAST ROSSETTI DRIVE
City-St-Zip: NOKOMIS, FL 34275 US

Title: S ( ) Delete
Name: DANZ, JOANNA
Address: 436 EAST ROSSETTI DRIVE
City-St-Zip: NOKOMIS, FL 34275 US

Title: T ( ) Delete
Name: GALANOS, CLEOPATRA
Address: 436 EAST ROSSETTI DRIVE
City-St-Zip: NOKOMIS, FL 34275 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition
Name: GALANOS DANZ, JOANNA
Address: 436 EAST ROSSETTI DRIVE
City-St-Zip: NOKOMIS, FL 34275 US

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: CLEOPATRA GALANOS T 05/12/2009
Electronic Signature of Signing Officer or Director — Date