

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000080156

FILED
Oct 18, 2010
Secretary of State

Entity Name: HELLMANN PERISHABLES, INC.

Current Principal Place of Business:

10450 N.W. 41ST STREET
DORAL, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

10450 N.W. 41ST STREET
DORAL, FL 33178 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR STE 4
WESTON, FL 33331 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: CHAR MCADOW, ASST SECY, NRAI SERVICES INC.

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P, D
Name: MCKINNON, BRYAN
Address: 10450 N.W. 41ST STREET
City-St-Zip: DORAL, FL 33178 US

Title: S
Name: VALDES, AMBRE G
Address: 10450 N.W. 41ST STREET
City-St-Zip: DORAL, FL 33178 US

Title: T
Name: RICHES, JULIAN
Address: 10450 N.W. 41ST STREET
City-St-Zip: DORAL, FL 33178 US

Title: D
Name: HAEUSSLER, ROGER
Address: 10450 N.W. 41ST STREET
City-St-Zip: DORAL, FL 33178 US

Title: D
Name: HELLMANN, JOST
Address: 10450 N.W. 41ST STREET
City-St-Zip: DORAL, FL 33178 US

I hereby 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 all other like empowered.

SIGNATURE: AMBRE GINE VALDES

SECY

10/18/2010

Electronic Signature of Signing Officer or Director

Date