

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000086779

Entity Name: FLAVAS ICE CREAM PALOR INC.

FILED  
Dec 03, 2009  
Secretary of State

## Current Principal Place of Business:

106 CORAL WOOD CIRCLE  
KISSIMMEE, FL 34743

## New Principal Place of Business:

## Current Mailing Address:

106 CORAL WOOD CIRCLE  
KISSIMMEE, FL 34743

## New Mailing Address:

FEI Number: 80-0261747

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LARIONE, ANGELO  
106 CORAL WOOD CIRCLE  
KISSIMMEE, FL 34743 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: ANGELO LARIONE

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: D/P ( ) Delete  
Name: LARIONE, ANGELO  
Address: 106 CORAL WOOD CIRCLE  
City-St-Zip: KISSIMMEE, FL 34743

Title: DVP ( ) Delete  
Name: LARIONE, VIOLETTE  
Address: 106 CORAL WOOD CIRCLE  
City-St-Zip: KISSIMMEE, FL 34743

Title: T ( ) Delete  
Name: BESS, TREVOR  
Address: 106 CORAL WOOD CIRCLE  
City-St-Zip: KISSIMMEE, FL 34743

Title: S ( ) Delete  
Name: LARIONE, NICOLE  
Address: 106 CORAL WOOD CIRCLE  
City-St-Zip: KISSIMMEE, FL 34743

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition  
Name: MARCANO, CARTHLY  
Address: 841 LA GRAN VIA LANE  
City-St-Zip: APOPKA, FL 32703

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: ANGELO LARIONE

VC

12/03/2009

Electronic Signature of Signing Officer or Director

Date