## 2010 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P09000038149

Entity Name: ISLAND TWIST RESTAURANT, INC

Oct 13, 2010 Secretary of State

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

1366 SW BAYSHORE BLVD PORT ST LUCIE, FL 34983 US

**Current Mailing Address: New Mailing Address:** 

3122 SW HICKENLOOPER STREET PORT ST LUCIE, FL 34953

FEI Number: 26-4776724 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:

TELFORT, GERTA 1121 NW 203 STREET MIAMI, FL 33169

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: GERTA TELFORT

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

PIERRE, ANNETTE Name:

3122 SW HICKENLOOPER STREET Address: City-St-Zip: PORT ST LUCIE, FL 34953 US

Title:

Name: CARABALLO, WILFREDO

3122 SW HICKENLOOPER STREET Address: PORT ST LUCIE, FL 34953 US City-St-Zip:

VΡ Title:

CARABALLO, BONISHA Name:

3122 SW HICKENLOOPER STREET Address:

City-St-Zip: PORT ST LUCIE, FL 34953

Title: TREA

CARABALLO, CASEY Name:

Address: 3122 SW HICKENLOOPER STREET

City-St-Zip: PORT ST LUCIE, FL 34953

Title: SEC

Name: PIERRE, ANISHA

3122 SW HICKENLOOPER STREET Address: City-St-Zip: PORT ST LUCIE, FL 34953

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: ANNETTE PIERRE Ρ 10/13/2010