

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000099585

**Entity Name:** IRIE ISLAND CUISINE, INC.

**FILED**  
**Nov 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

106 NORTH OLIVE AVENUE  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

106 NORTH OLIVE AVENUE  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

HARRIS, DONOVAN  
106 NORTH OLIVE STREET  
WEST PALM BEACH, FL 33401 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: DONOVAN HARRIS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D/P  
Name: HARRIS, DONOVAN  
Address: 106 NORTH OLIVE AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D/P  
Name: HARRIS, CORDEL  
Address: 106 NORTH OLIVE AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D/V/P  
Name: HARRIS, CORDELIA  
Address: 106 NORTH OLIVE AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D/V/P  
Name: HARRIS, ORIEN  
Address: 106 NORTH OLIVE AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33401

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: DONOVAN HARRIS

D/P

11/20/2011

Electronic Signature of Signing Officer or Director

Date