


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
08 DEC 10 PM 3: 38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P28631 1. Entity Name CARMAN FOODS, INC.	
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Principal Place of Business 1208 DIXON BLVD. COCOA, FL 32922	Mailing Address 1208 DIXON BLVD. COCOA, FL 32922
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2. Principal Place of Business - No P.O. Box # 2592 GLENRIDGE CIRCLE Suite, Apt. #, etc.	3. Mailing Address 2592 GLENRIDGE CIRCLE Suite, Apt. #, etc.
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City & State MERRITT ISLAND, FL	City & State MERRITT ISLAND, FL		
Zip 32953	Country USA	Zip 32953	Country USA


REINSTATEMENT 08
12032008 REIN-1 08 DEC 10 3:38 (1/07)

6. Name and Address of Current Registered Agent CARMAN, BRUCE 2592 GLENRIDGE CIRCLE MERRITT ISLAND, FL 32953	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Bruce Carman* DATE: 12/6/8

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARMAN, BRUCE 2592 GLENRIDGE CIRCLE MERRITT ISLAND, FL 32953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900138876919 12/10/08--01029--012 **758.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARMAN, TWANDA 2592 GLENRIDGE CIRCLE MERRITT ISLAND, FL 32953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bruce Carman* DATE: 12/6/8 DAYTIME PHONE: 321-452-9689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #