

# 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.



Principal Place of Business  
1208 DIXON BLVD.  
COCOA, FL 32922

Mailing Address  
1208 DIXON BLVD.  
COCOA, FL 32922

2. Principal Place of Business - No P.O. Box #  
2592 GLENRIDGE CIRCLE

3. Mailing Address  
2592 GLENRIDGE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



REINSTATEMENT

12032008 REIN-1 12/10/08 (1/07) 08

City & State  
MERRITT ISLAND, FL

City & State  
MERRITT ISLAND, FL

4. FEI Number  
61-1060449

Applied For  
Not Applicable

Zip  
32953

Country  
USA

Zip  
32953

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARMAN, BRUCE  
2592 GLENRIDGE CIRCLE  
MERRITT ISLAND, FL 32953

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12/6/8

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 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
900138876919  
12/10/08--01029--012 \*\*758.75

TITLE  
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2592 GLENRIDGE CIRCLE  
MERRITT ISLAND, FL 32953 ☐ Delete

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CITY-ST-ZIP  
☐ Change ☐ 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:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

12/6/8

321-452-9689