


## 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000005987		
1. Entity Name <b>MY FAVORITE FOODS, INC.</b>		
Principal Place of Business <del>948 FLOTILLA CLUB DR. INDIAN HARBOR BEACH, FL 32937-4904</del> <b>4155 Dow Road, Unit D Melbourne, FL 32934</b>	Mailing Address <del>P.O. BOX 1028 MELBOURNE, FL 32902-1628</del> <b>4155 Dow Road, Unit D Melbourne, FL 32934</b>	
2. Principal Place of Business <b>4155 Dow Road Unit D</b>	3. Mailing Address <b>4155 Dow Road Unit D</b>	
Suite, Apt. #, etc. <b>Unit D</b>	Suite, Apt. #, etc. <b>Unit D</b>	
City & State <b>Melbourne FL</b>	City & State <b>Melbourne FL</b>	DEPARTMENT OF STATE TALLAHASSEE, FLORIDA
Zip <b>32934</b>	Country <b>USA</b>	4. FEI Number <b>59-3292482</b>
Zip <b>32934</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>SLOAN, MATTHEW J III 948 FLOTILLA CLUB DR. INDIAN HARBOR BEACH, FL 32937-4901</b>		7. Name and Address of New Registered Agent Name <b>Thomas C. Gates, Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>8040 Pine Needle Lane</b> City <b>W. Melbourne, FL</b> Zip Code <b>32904</b>
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 <u><i>Thomas C. Gates, Jr.</i></u> DATE <u><b>4/7/06</b></u> <small>Signature, typed or printed name of registered agent acceptable if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$900.00</b>		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>GATES, THOMAS C JR.</b> STREET ADDRESS <b>790 HIBISCUS DR.</b> CITY-ST-ZIP <b>SATELLITE BEACH, FL 32937</b>	TITLE <b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Thomas C. Gates, Jr</b> STREET ADDRESS <b>8040 Pine Needle Lane</b> CITY-ST-ZIP <b>W. Melbourne, FL 32904</b>	
TITLE <b>D</b> <input checked="" type="checkbox"/> Delete NAME <b>SLOAN, MATTHEW J III</b> STREET ADDRESS <b>948 FLOTILLA CLUB DR.</b> CITY-ST-ZIP <b>INDIAN HARBOR BEACH, FL 329374901</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>000074359280</b> STREET ADDRESS <b>05/11/06--01005--004</b> CITY-ST-ZIP <b>**900.00</b>	
TITLE <input type="checkbox"/> Delete NAME <b>89515</b> STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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: <u><i>Thomas C. Gates, Jr.</i></u> DATE <u><b>4/7/06</b></u> 321-259-6210 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

FILED

05 APR 28 AM 7:54

REINSTATEMENT 05-06  
04072006 REIN-P-CR2E098 (11/05)