

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000049631

FILED
Jun 29, 2006
Secretary of State

Entity Name: FERMENTATIONS IN SEASIDE, INC.

Current Principal Place of Business:

25 CENTRAL SQUARE, B1
SEASIDE, FL 32459

New Principal Place of Business:

Current Mailing Address:

PO BOX 4896
SEASIDE, FL 32459

New Mailing Address:

FEI Number: 59-3321535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOONAN, PAMELA F
3810 PLAZA ST
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

MIGNOT, JEAN N
16 CHANEL COURT
SANTA ROSA BEACH, FL 32459 US

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: JEAN NOEL MIGNOT

06/29/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NOONAN, BRUCE
Address: 3810 PLAZA ST
City-St-Zip: COCONUT GROVE, FL 33133

Title: SD (X) Delete
Name: NOONAN, PAMELA F
Address: 3810 PLAZA ST
City-St-Zip: COCONUT GROVE, FL 33133

Title: D (X) Delete
Name: FLECKENSTEIN, EDWARD
Address: 36 BORCH ST
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D (X) Delete
Name: FLECKENSTEIN, JOYCE
Address: 36 BURCH ST
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D (X) Delete
Name: WILLIAMS, DAVID
Address: RT 2 BOX 411 D SUSCON RV
City-St-Zip: PITTSTON, PA 18641

Title: D (X) Delete
Name: WILLIAMS, ROSEMARY
Address: RD 2 BOX 411D SUSCON RV
City-St-Zip: PITTSTON, PA 18641

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MIGNOT, JEAN N
Address: 16 CHANEL COURT
City-St-Zip: SANTA ROSA, FL 32459

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JEAN NOEL MIGNOT

P

06/29/2006

Electronic Signature of Signing Officer or Director

Date