

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000034268

1. Entity Name  
E.T. ICE CREAM AND CANDY SUPPLY, INC.



FILED

05 MAY -5 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3211 N.W. 37TH ST.  
MIAMI, FL 33142

Mailing Address  
3211 N.W. 37TH ST.  
MIAMI, FL 33142

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
65-0751577

Applied For  
Not Applicable

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

TAVERAS, ELIGIO A  
1850 SW 142 AVE  
MIAMI, FL 33125

Name

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

3120 NW 100 CT.

City

DORAL

FL

Zip Code

33172

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

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Delete  
NAME TAVERAS, ELIGIO  
STREET ADDRESS 3211 N.W. 37 STREET  
CITY-ST-ZIP MIAMI, FL 33142

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3120 NW 100 CT.  
CITY-ST-ZIP DORAL FL 33172

TITLE P ☐ Delete  
NAME ESPIRITUSANTO, VICTORIA  
STREET ADDRESS 3211 N.W. 37 STREET  
CITY-ST-ZIP MIAMI, FL 33142

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3120 NW 100 CT.  
CITY-ST-ZIP DORAL FL 33172

TITLE ☒ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 300054513203  
CITY-ST-ZIP 05/13/05--01053--007 \*\*300.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Eligio Taveras  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2005  
Date Daytime Phone #