

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000040668

Entity Name: LJL FOOD MANAGEMENT, INC.

FILED
Jan 10, 2011
Secretary of State

Current Principal Place of Business:

215 N OLIVE AVE STE 110
WEST PALM BEACH, FL 33401

New Principal Place of Business:

215 N OLIVE AVE
STE 110
WEST PALM BEACH, FL 33401

Current Mailing Address:

215 N OLIVE AVE STE 110
WEST PALM BEACH, FL 33401

New Mailing Address:

215 N OLIVE AVE
STE 110
WEST PALM BEACH, FL 33401

FEI Number: 65-0746944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BIKOS, HELEN
712 U.S. HIGHWAY ONE - SUITE 400
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

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: HELEN BIKOS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BIKOS, KATINA
Address: 215 N OLIVE AVE STE 110
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VPD
Name: BIKOS, PETRO
Address: 215 N OLIVE AVE STE 110
City-St-Zip: WEST PALM BEACH, FL 33401

Title: STD
Name: BIKOS, HELEN
Address: 215 N OLIVE AVE STE 110
City-St-Zip: WEST PALM BEACH, FL 33401

Title: STD
Name: BIKOS, HELEN E
Address: 215 N OLIVE AVE STE 110
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby 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 all other like empowered.

SIGNATURE: PETRO BIKOS

VPD

01/10/2011

Electronic Signature of Signing Officer or Director

Date