

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 20 AM 10: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000005568

1. Corporation Name
BELGOFODS Inc

2. Principal Office Address
35 Mussett Bayou Rd

3. Mailing Office Address
35 Mussett Bayou Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Santa Rosa Beach, FL

City & State
Santa Rosa Beach, FL

Zip Country
32459 Walton

Zip Country
32459 USA

REINSTATEMENT 04

4. Date Incorporated or Qualified
To Do Business in Florida 01/16/2002

5. FEI Number 03-0377892
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
P. Colleen Coffield

Street Address (P.O. Box Number Is Not Acceptable)
1719 S. County Hwy 393

Suite, Apt. #, Etc.

City State Zip Code
Santa Rosa Beach FL 32459

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent REGISTERED AGENT MUST SIGN

Date 11/29/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PS	Michel. Atlas	3224 Bay Estates Dr.	Destin, FL 32550
VP	Constance I. Niehaus	3224 Bay Estates Dr.	Destin, FL 32459
D	Lance Greenwald	8723 Anchorage Dr.	Miramar Bch, FL 32550

200043538252
12/20/04-01072-005 **750.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Michel Atlas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/29/04 (852)622-3022
Date Daytime Phone #

CR2E081 (01/04)