


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 17 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 102000034535  
1. Corporation Name  
**West Pointe Food Group Inc.**

500022912535  
10717703--01081--009 \*\*400.00

**REINSTATEMENT** 03

2. Principal Office Address <b>20283 US 441</b>		3. Mailing Office Address <b>20283 US 441</b>	
Suite, Apt. #, etc. <b>Suite 300</b>		Suite, Apt. #, etc. <b>Suite 300</b>	
City & State <b>Boca Raton</b>		City & State <b>Boca Raton</b>	
Zip <b>33498</b>	Country <b>USA</b>	Zip <b>33498</b>	Country <b>USA</b>

4. Date Incorporated or Qualified To Do Business in Florida <b>March 25, 2002</b>	
5. FEI Number <b>2000-88638</b>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$9.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <b>Randy Bean</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>20283 US 441</b>	
Suite, Apt. #, Etc. <b>Suite 300</b>	
City <b>Boca Raton</b>	State <b>FL</b>
	Zip Code <b>33498</b>

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 *Randy Bean* Date **10/14/03**

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Randy Bean	831 SE 7 Avenue	Pompano Florida 33060
Pres	Michael Kellerman	560407 Boca Arbor Way	Boca Raton Fl 33433

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)(l), 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: *Randy Bean* Date **010/14/03** 561-482-9444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7 10/21

CR2001 (10/02)



# West Pointe Food

Boca Raton Florida

October 14, 2003

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee Florida 32314

Ref Document Number P02000034535

Dear Sir or Madam:

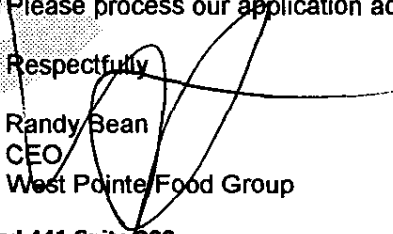
Enclosed is our notice of reinstatement and payment for the above document pertaining to the West Pointe Food Group.

We were inform by one of you customer service agents that a notice of rejection was issued on the 30<sup>th</sup> Day of July , 2003.

We never received this notification of rejection dated July 30, 2003.

Please process our application accordingly.

Respectfully



Randy Bean  
CEO  
West Pointe Food Group

20283 State Road 441 Suite 300  
Boca Raton Florida 33498  
561-482-9444 Fax 888-844-7693

[www.westpointe.com](http://www.westpointe.com)

