

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

*** APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 MAY 29 PM 3:52

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P94000047576**

1. Corporation Name

5900 FOOD CORPORATION

Principal Place of Business

Mailing Address

**5900 NW 2ND Ave
 Miami, FL 33127**

SAME

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

7/94

95-98
ad

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0501397

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1 Pres	2 MUSA ABED	3 8870 FONTAINEBLEU BLVD #305	4 MIAMI, FL 33127
			800002546218--7
			-06/03/98-01075-002
			***1208.75 ***1208.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

MUSA ABED

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

5900 NW 2ND Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33127

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Musa Abed
 REGISTERED AGENT MUST SIGN

Date

5-26-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes

No

(See other side for information on intangible tax.)

12. 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:

Musa Abed
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MUSA ABED

Date

5-26-98 (305)751-6062

Daytime Phone #

CR2E040 (1/98)