

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 MAR -3 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

**CORPORATION  
REINSTATEMENT** **02-03**

**DOCUMENT #** P94000065216

1. Corporation Name  
FRENCH FOODS, INC.

2. Principal Office Address 28 WEST DILIDO DRIVE Suite, Apt. #, etc. MIAMI BEACH, FL.		3. Mailing Office Address 28 WEST DILIDO DRIVE Suite, Apt. #, etc. MIAMI BEACH, FL.	
City & State		City & State	
Zip 33139	Country USA	Zip 33139	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 09/06/1994	
5. FEI Number 65-0537278	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75</b> Additional Fee required for a Certificate of Status	

**7. Name and Address of Current Registered Agent**

Name  
ALAIN BERDOUARE

Street Address (P.O. Box Number is Not Acceptable)  
28 WEST DILIDO DRIVE

Suite, Apt. #, Etc.

City  
MIAMI BEACH

State  
FL

Zip Code  
33139

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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 \_\_\_\_\_ Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

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
PDST	BERDOUARE, ALAIN	28 WEST DILIDO DRIVE	MIAMI BEACH, FL. 33139

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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 02/25/03 Daytime Phone # 305-987-1211

CR2E081 (9/01)

**FRENCH FOODS, INC.  
28 WEST DILIDO DRIVE  
MIAMI BEACH, FL 33139  
305-535-9736**

February 12, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed please find reinstatement application for French Foods, Inc., together with check in the amount of \$150.00 for the annual Uniform Business Report for 2002.

I am enclosing a copy of a letter I mailed on October 28<sup>th</sup>, 2002 which is self-explanatory and, therefore, ask that you please waive any penalties for late filing.

Should you have any other questions, please do not hesitate to contact me.

Sincerely,



Alain Berdouare, President  
French Foods, Inc.

**FRENCH FOODS, INC.**  
**28 WEST DILIDO DRIVE**  
**MIAMI BEACH, FL 33139**  
**305-535-9736**

October 28, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir/Madam:

Please be advised that the address for French Foods, Inc. has changed from 2100 Salzedo Street, #300, Coral Gables, FL 33134 to 28 West Dilido Drive, Miami Beach, FL 33139. This year I did not receive the Application for Renewal for the above mentioned corporation, but was told to pay the amount of \$150.00 which check was cashed on July 18<sup>th</sup>, 2002.

Please change the address on your records and waive any penalties for late filing since I am not at fault for not having received renewal application.

Should you have any other questions, please do not hesitate to contact me.

Sincerely,



Alain Berduare, President  
French Foods, Inc.