

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

96 DEC 19 PH 2: 58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P 95000090432

1. Corporation Name

SOUL FOOD INC

Principal Place of Business

2804 EASTLAKE AVE
TAMPA, FL 33610

Mailing Address

15103 REDVALE DR.
TAMPA, FL 33625

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 Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

9600

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida

11/17/95

5. FEI Number

59-3343071

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	TOTARAM RADHACHARAN	15103 REDVALE DR	TAMPA, FL 33625
V/D	TOTARAM RADHACHARAN	15103 REDVALE DR	TAMPA, FL 33625
S/D	TOTARAM RADHACHARAN	15103 REDVALE DR.	TAMPA, FL 33625

800002037088--0
-12/24/96--01103--011
***375.00 ***375.00

8. Name and Address of Current Registered Agent

TOTARAM RADHACHARAN
15103 REDVALE DR.
TAMPA, FL 33625

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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

Totaram Radhacharan, President

REGISTERED AGENT MUST SIGN

Date

12/15/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Totaram Radhacharan, President
TOTARAM RADHACHARAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/15/96 (813)238-1458

Daytime Phone #

CR2090 (12/95)