PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				FILED 07 OCT 10 PM 4: 39			
DOCUMENT # P96000048359 1. Corporation Name							TALL AHASSEE, FLORIDA			
American-International Food Corp.										
2. Principal Office Address - No P.O. Box # 7702 Brisk Ocean Ave. 3. Maili				^{g Office Address} Brisk Ocean Ave.			REINSTATEMENT 06 - 07			
Suite, Apt. #	#. etc.	Suite, Apt. #, etc.					orated or Quziified		11996	
City & State	/egas,	NV	City & State Las Vegas, NV				5. FEI Numbe	r	Ī	Applied For Not Applicable
^{Zip} 89178	78 USA		^{Zip} 89178		Country		6. CERTIFICATE OF STATUS DESIDED \$8.75			itional Fee required
		7. Name and Address of	Current Regis	tered Agent						,
lamcorp Services, Inc.							The reinstatement fee is imposed, except in circumstances which the entity did not receive			
Street Address (P.C. Box Mumber is Not Acceptable) 17888 67th COURT NORTH							the prior notices. By checking this box, you			
Suite, Apt. #, Etc.							are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
Loxahatchee State FL 33470°							iee be	waived.		
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 Signature of Registered Agent REGISTERED AGENT MUST SIGN Date 10-5-0										ne. -01
9. Names	s and Street A	ddresses of Each Officer and	/or Director (Flo	orida nonprof	fit corporati	ons must list at le	east 3 directors)			
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director					City / State / Zip	
President	Jennifer Gottlob			7702 Brisk Ocean Av			Áve.	Las Vegas, NV 89178		
CFO	Jennifer Gottlob			7702 Brisk Ocean Av			Ave.	Las Vegas, NV 89178		
Secretary	Jennifer Gottlob			7702 Brisk Ocean Ave.			Ave.	Las Vegas, NV 89178		
Director	Jennifer Gottlob			7702 Brisk Ocean Ave.				Las Vegas, NV 89178		
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10.1 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 filling 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 pames of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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 Daytime Phone #										