

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2007 MAR 12 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600093254446
03/16/07--01015--011 **1050.00

REINSTATEMENT 05-07
CR2E081 (1/07)

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	---

DOCUMENT # V55056

1. Corporation Name

Island Food International, Inc.

2. Principal Office Address - No P.O. Box #

7464 Fairway Trail

3. Mailing Office Address

7464 Fairway Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip
33487

Country
U.S.A.

Zip
33487

Country
U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

08/04/1992

5. FEI Number
65-0354114

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Thierry Beuzelin

Street Address (R.O. Box Number is Not Acceptable)
7464 Fairway Trail

Suite, Apt. #, Etc.

City
Boca Raton

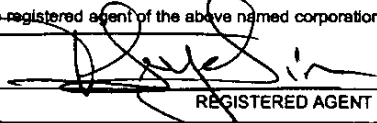
State
FL

Zip Code
33487

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee 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



REGISTERED AGENT MUST SIGN

Date 03/09/2007

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
P	Thierry Beuzelin	7464 Fairway Trail	Boca Raton, FL 33487
ST	Carine Beuzelin	7464 Fairway Trail	Boca Raton, FL 33487

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 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

3/9/07

Date

561 9959246

Daytime Phone #

212