PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JAN 24 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200086685902
01/30/07--01023--005 **150.00

REINSTATEMENT 00-07

CR2E081 (12/05)

DOCUMENT # 556038

1. Corporation Name
Intercan Food Sales, Inc.

2. Principal Office Address	**3.** Mailing Office Address
317 Nedbank Foreshore	9200 S. Dadeland Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	# 614
City & State	City & State
Heerengraght, Cape Town	Miami, FL
Zip / Country	Zip / Country
8012 / South Africa	33156 / USA

4. Date Incorporated or Qualified To Do Business in Florida 1/1/78

5. FEI Number 59-1857234 ☐ 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: Nicholas S. Ferber

Street Address (P.O. Box Number is Not Acceptable): 6015 Washington St.

200086685902
01/30/07 01023 006 **165.00

Suite, Apt. #, Etc.: Suite 200

City: Hollywood | State: FL | Zip Code: 33023

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 1-18-07

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
PTSD	Cyril Ferber	9200 S Dadeland Blvd. #614	Miami, FL 33156
		1/24	

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: Cyril S. Ferber CYRIL S. FERBER 12-23-2006 *

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

* 27-82-784-0066