

2005 FOR PROFIT CORPORATION REINSTATEMENT


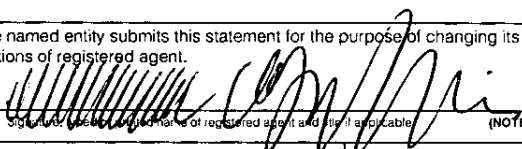
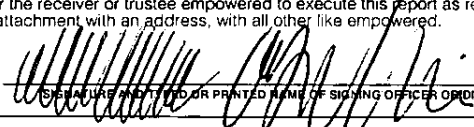
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 24 AM 11:03

REINSTATEMENT 04-05



01182005 REIN-P CR2E098 (6/04)

DOCUMENT # F03000004815					
1. Entity Name ELYAKIM FOOD GROUP, INC					
Principal Place of Business 407 S. 21ST AVE. HOLLYWOOD, FL 33020			Mailing Address 407 S. 21ST AVE. HOLLYWOOD, FL 33020		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 11-3564881	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELYAKIM, SIMON 1912 S. OCEAN DR., STE. 1-15A HALLANDALE, FL 33009			7. Name and Address of New Registered Agent Name Yehuda Mizrahi Street Address (P.O. Box Number is Not Acceptable) 407 S. 21st Avenue City Hollywood FL Zip Code 33020		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 			DATE 01/19/05		
FILE NOW!!! FEE IS \$900.00			(NOTE: Registered Agent signature required when reinstating)		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPST ELYAKIM, SIMON 1912 S. OCEAN DR., STE. 1-15A HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Yehuda Mizrahi 407 S. 21st Avenue Hollywood, FL 33020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			DATE 01/19/05		
			Daytime Phone # 954-920-2323		