

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 21 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J95046

1. Corporation Name
PASTHA MIDDLE EAST FOODS INC

2. Principal Office Address
919 W. 1ST N. SPANAWAY

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Daytona Beach, FL

City & State

Zip
32114

Country
US

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida
09/28/1987

5. FEI Number
54 284 2315

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ANWAR AHMED

Street Address (P.O. Box Number is Not Acceptable)
1695 PROMODADE CIR

Suite, Apt. #, Etc.

City
POOT ORANGE

600049892776
04/05/05--01029--014 **105.00

State
FL

Zip Code
32127

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]** Date **3/16/2005**
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
Pres	ANWAR AHMED	1695 PROMODADE CIR	POOT ORANGE, FL 32127

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 under section 119.07(3)(i), 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]** Date **3/16/2005** Daytime Phone # **386 295 2897**

CR2E081 (01/05)