

FILED

P. 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AM 7:56

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000021706

1. Corporation Name

DIASPORA FOODS INC.

2. Principal Office Address

18409 NORTH WEST 9TH COURT

Suite, Apt. #, etc.

3. Mailing Office Address

18409 NORTH WEST 9TH COURT

Suite, Apt. #, etc.

City & State

PEMBORKE PINES, FL

City & State

PEMBORKE PINES, FL

Zip

33029

Country

USA

Zip

33029

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2000

5. FEI Number

52-2221312

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

MARVIN D WOODS

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

18409 NORTH WEST

Suite, Apt. #, Etc.

City

PEMBORKE PINES

State

FL

Zip Code

33029

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

MARVIN D WOODS

REGISTERED AGENT MUST SIGN

Date June 3 2003

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
D	MARVIN D WOODS	18409 NORTH WEST 9TH COURT	PEMBORKE PINES, FL 33029
D	PETRA NAVARRO	18409 NORTH WEST 9TH COURT	PEMBORKE PINES, FL 33029

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:

MARVIN D WOODS, DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 607 2577

CR2001 (9/01)

jg/12