FILED
02 MAY 24 AM 9: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

MQ FOOD CORPORATION, INC.   P00000031799

REINSTATEMENT 01-02

2. Principal Office Address	**3.** Mailing Office Address
400 W. NORTH AVE.	400 W. NORTH AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
LAKE WALES, FL	LAKE WALES, FL

Zip	Country	Zip	Country
33853	U.S.	33853	U.S.

4. Date Incorporated or Qualified To Do Business in Florida **March 24, 2000**

5. FEI Number
59-3633824
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name
MOHAMMED QURISHI

Street Address (P.O. Box Number is Not Acceptable)
400 WEST NORTH AVE.

Suite, Apt. #, Etc.

5000005728595----4
-06/10/02--01051--026
****900.00 ****900.00

City	State	Zip Code
LAKE WALES	FL	33853

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 _M. Qurishi_

REGISTERED AGENT MUST SIGN

Date _5-24-02_

CR2E081 (9/01)

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
PVST & D	MOHAMMED QURISHI	400 WEST NORTH AVE.	LAKE WALES, FL 33853

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 o   f 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: _M. Qurishi_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-24-02   863 679-8583
Date   Daytime Phone #