

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 27 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 8000000 39656

1. Corporation Name

Food Solutions Group, Corp.

2. Principal Office Address

71 NE 71st STREET

Suite, Apt. #, etc.

3. Mailing Office Address

71 NE 71st STREET

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33150

Country

USA

Zip

33150

Country

USA

100020518771

05/04/03--01034--027 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

4/19/00

5. FEI Number

65-0999970

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

EDUARDO J. SOJA

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

71 NE 71st STREET

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33150

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

5/14/03

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
P	EDUARDO J. SOJA	71 NE 71 st STREET	Miami, FL 33150

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/14/03

954-
344-4292

CR2E081 (10/02)

5/29

Attachment Doc# P00000038656

Food Solutions Group Corp

71 NW 71ST STREET
Miami, FL 33150

(954) 854-3978

Eduardo J. Sosa
President

May 19, 2003

Uniform Business Report
Division Of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed please find a check in the amount of \$300.00 in payment of the Annual Report for both 2002 and 2003 years. We are also including the Reinstatement form. Please be informed that we never received the reports and so we inadvertently did not pay the fees. Kindly accept this payment and advise.

Thank you for your consideration.

Sincerely,



Eduardo J. Sosa