

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUN 10 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000050613

1. Corporation Name

KRINA FOOD INC

300005976553--4

-06/25/02--01058--030

****300.00 ****300.00

2. Principal Office Address

1631 NE 16TH AVE

Suite, Apt. #, etc.

3. Mailing Office Address

1631 NE 16TH AVE

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

GAINESVILLE FL

Zip

32601

Country

Zip

32601

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/23/2000

5. FEI Number

59-3649181

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

SANKITABEN. M. PATEL

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

1631 NE 16TH AVE

Suite, Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

32601

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

Sankita Patel

Date 06/05/02

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
PST	SANKITABEN. M. PATEL	1631 NE 16 TH AVE	GAINESVILLE, FL 32601
			201.25-AR
			10.00-ARARTS
			88.75-ARsup

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: Sankita Patel Sankita Patel 06/05/02 352 374 4280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)

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KRINA FOOD, INC
C/O ROSE FOOD STORE
1631 NE 16TH AVE
GAINESVILLE, FL 32601

FLORIDA DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
P O BOX 6327
TALLAHASSEE, FL 32601

DOC # P00000050613
UBR 2002
REQUEST FOR REINSTATEMENT

This is in reply to your letter dated May 16, 2002 informing us that our corporation is administratively dissolved.

You can find from your files that we filed our report in the year 2001, we do not know afterwards what happened. Now only, we noticed that it was dissolved. We believe that your correspondence was lost in mail, as there was a change in the mailing address afterwards.

Please revoke the penalty of \$600.00, as we have not filed late and the mistake is not intentional.

We are enclosing the check \$300.00 for the 2 years of 2000 and 2001.

To avoid the future problem we request you to advise us, if you have any methods, we can open an account with you so that you can deduct the fee automatically every year.

Once again we request you to remove the penalty and excuse this time and we promise in future we pay regularly.

Thanking you, for your cooperation.

Sangita M Patel
June 5, 2002