02/09/2009 2:57 PM FROM: Chokshi Accounting TO: 407-392-5408 PAGE: 001 OF 002

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000061874

1. Entity Name

SAL FOOD, INC.

Principal Place of Business: 6700 N. O-B-T, ORLANDO, FL 32810

Mailing Address: 6700 N. O-B-T, ORLANDO, FL 32810

FILED
09 FEB -9 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-09

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 59-3655458 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, TARAMATI P
6700 N. C-B-T
ORLANDO, FL 32810

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Taramati P Patel

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S. the corporation did not receive the prior notice

10. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ Delete
NAME	PATEL, TARAMATI P	
STREET ADDRESS	6700 N. O-B-T	
CITY-ST-ZIP	ORLANDO, FL 32810	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

700143191347
02/09/09--01058--006 **300.00

$ 2/10

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Taramati P Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #