

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

03 MAR -6 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000072525

1. Corporation Name

Power Foods Inc

2. Principal Office Address

11027 NW 77 St

Suite, Apt. #, etc.

3. Mailing Office Address

11027 NW 77 St

Suite, Apt. #, etc.

City & State

Coral Springs FL

City & State

Coral Springs FL

Zip

33071

Country

U.S.A.

Zip

33071

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

7/31/2000

5. FEI Number

65-1029400

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

Gidon David Cohen

600014090306

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

11027 NW 77 St

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33071

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2/28/03

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/P | Gidon David Cohen | 11027 NW 77 St | Coral Springs FL 33071 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/03

Date

954/205 0442

Daytime Phone #


2/28/03

February 24, 2003

To Whom It May Concern:

Please know that I recently applied for a loan and I was told that my corporation Power Foods Inc had been dissolved. I never received the report to maintain it open and pay. Please accept the \$300.00 for 2002 and 2003. Waive the penalties since I never received the reports to sign with payment.

Sincerely,


Gidon David Cohen