<u> </u>	- LENOL NEAD	ALL INSTRUCTIONS BEFOR	RE COMPLETING THIS FORM.
CORPORA REINSTATE	(ためを集みな) 2 十年(する))	FLORIDA DEPARTMENT OF STA Secretary of State Division of corporations	FILED  OS MAR 12 AM 9: 16
DOCUMEN  1. Corporation Name	IT# P0100	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
		and Food Inc.	
2. Principal Office Address		3. Mailing Office Address	209013990112 03/12/0301043011 **300.00
3861 Suncoast Blud.		Same	004 125 00 01010 011 WASHID.UN
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
			Date Incorporated or Qualified     To Do Business in Florida
City & State		City & State	
Homosassa	Country	Same	5. FEI Number Applied For
Zip Z		Zip Country	6. Not Applicab
34448	Citrus	Same	CERTIFICATE OF STATUS DESIRED S8.75 Additional Federation
Suite, Apt	. #, Etc.	7. Name and Address of Current Reg  MI 3dad  ot Acceptable)  ha(d Is). Rel.	State Zip Code
<u>Inverness</u>			<b>FL</b>   34460
Signature of Registered Agent	dang m	GISTERED AGENT MUST SIGN	ne obligations of section 607.0505 or 617.0503, F.S.  Date 3-10-03
9. Names and Street A	ddresses of Each Officer and/	or Director (Florida nonprofit corporations must list a	at least 3 directors)
Titles	Name of Officers and/or Directors	Street Address of E Officer and/or Dire	ach
D Qusim Migdad D Samila Migdad		886 Pritchard	Isl. Rd. Inverness FL. 34450
D Sam	ila Migda	2 886 Pritchard.	Isl. Rd. Inverness FL. 34450  Isl. Rd. Inverness FL. 34450
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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 filling 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

3-/0-03 3SJ-628-4545

Date Daytime Phone #