

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN -9 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000028971

1. Corporation Name

M & H FOOD CORP. OF LAKELAND

REINSTATEMENT 02-03

500020681335

06/09/03--01055--005 **908.75

2. Principal Office Address

117 Lake Beulah Dr.

Suite, Apt. #, etc.

City & State

Lakeland, Florida

Zip

33815

Country

U. S.

3. Mailing Office Address

117 Lake Beulah Dr.

Suite, Apt. #, etc.

City & State

Lakeland, Florida

Zip

33815

Country

U. S.

4. Date incorporated or Qualified
To Do Business in Florida

March 21, 2001

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Monalisa Mohiuddin

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

1041 Dolly Lane

Suite, Apt. #, Etc.

City

Lakeland

State
FL

Zip Code

33813

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

Monalisa Mohiuddin

Date 06-05-03

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
Pres	Hesham Eldin	322 South Iowa Ave, #A	Lakeland, FL 33815
V.P.	Monalisa Mohiuddin	1041 Dolly Lane	Lakeland, FL 33813

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:

Monalisa Mohiuddin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

06-05-03

Daytime Phone #

21610