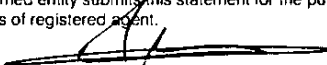



2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000073576 1. Entity Name ALL STAR FOOD CORP., INC.			FILED 07 JUN -1 PM 4:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 1209 4TH STREET SOUTH ST PETERSBURG, FL 33701		Mailing Address 1209 4TH STREET SOUTH ST PETERSBURG, FL 33701	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SAID, TAREK 7200 21ST ST NORTH ST PETERSBURG, FL 33702		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.		4. FET Number 59-3734967	
SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required DATE: 5/20/07	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSTD	NAME SAID, TAREK	TITLE 	NAME
STREET ADDRESS 7200 21ST STREET NORTH	CITY-ST-ZIP ST PETERSBURG, FL 33702	STREET ADDRESS 	CITY-ST-ZIP
CITY-ST-ZIP 		CITY-ST-ZIP 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 5/20/07 Daytime Phone #: 727-776-2670	

[Handwritten initials]



REINSTATEMENT STATEMENT 06-07