

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 AUG 22 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P01000073576*

1. Corporation Name

ALL STAR FOOD CORP, INC.

2. Principal Office Address

1209 4th. ST. SOUTH

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

NONE

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL.

City & State

Zip

33701

Country

FLORIDA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3734967

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

TAREK SAID

100022482341

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

7200 21ST. ST. NORTH

08/21/03 01054 008 \$301.00

Suite, Apt. #, Etc.

ST. PETERSBURG, FL. 33702

City

State
FL

Zip Code

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

Date

8/11/03

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
<i>PRSD</i>	<i>SAID, TAREK</i>	<i>7200 21ST. ST. NORTH</i>	<i>ST PETE., FL. 33702</i>

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:

8/11/03 727-823-5746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/8/22

CR2E081 (10/02)

ALL STAR FOOD CORP., INC./TONY'S MEAT MARKET

1209 4TH. STREET SOUTH
ST. PETERSBURG, FL. 33701

Phone 727-823-5746
Fax 727-823-5746

August 14, 2003

DEPARTMENT OF STATE
409 EAST GAINES ST.
TALLAHASSEE, FL. 32399

Dear SIR,

THE RENEWAL LETTER WAS GOING TO THE WRONG ADDRESS AS YOU SEE OUR ADDRESS ABOVE
PLEASE ACCEPT THE PAYMENT FOR THIS CORP. FOR LAST YEAR AND THIS YEAR AND CHANGE
THE ADDRESS FOR US .

Sincerely,



TAREK SAID