

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -1 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000096558

1. Corporation Name

WESELEY CHAPEL FOOD INC

2. Principal Office Address

29741 STATE RD. 54

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESELEY CHAPEL, FL 33549

City & State

Zip

Country

Zip

Country

33549

USA

REINSTATEMENT OR

4. Date Incorporated or Qualified  
To Do Business in Florida

10/3/2001

5. FEI Number

59-374-9042

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

SANJAYA N. PATEL.

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

500008753805

11/01/02--01034--011 \*\*750.00

Suite, Apt. #, Etc.

29741 STATE ROAD 54 WEST

City

WESLEY CHAPEL

State  
FL

Zip Code

33543

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

Sanjaya N Patel.  
REGISTERED AGENT MUST SIGN

Date 10/29/02

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
<u>PRESIDENT</u>	<u>SANJAYA N. PATEL</u>	<u>3114 GULFWINDS CR</u>	<u>HERNANDO BEACH, FL 34607</u>

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:

Sanjaya N Patel.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/02

Date

(813) 993-2186

Daytime Phone #

CR2E081 (9/01)