

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000115093

1. Corporation Name

K M J FOOD, INC.

Principal Place of Business

9299 SW 50TH PLACE
COOPER CITY FL 33328

Mailing Address

9299 SW 50TH PLACE
COOPER CITY FL 33328

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/03/2001

5. FEI Number

65-1155985

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	MATHEW, KUNGIMON	9299 SW 50 PLACE	COOPER CITY FL 33328
V	MATHEW, MINI	9299 SW 50 PLACE	COOPER CITY FL 33328

8. Name and Address of Current Registered Agent

MATHEW, KUNGIMON
9299 SW 50 PLACE
COOPER CITY FL 33328

9. Name and Address of New Registered Agent

Name

JOSE THOMAS CPA

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

12039 NN 10th COURT

Suite, Apt. #, Etc.

PEMBROKE PINES

City

PEMBROKE PINES

State

FL

Zip Code

33028

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT

RED

Date 10/25/02

11. I certify that I am an officer or director or 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:

SIGNATURE: *Matthew Kungimon* REQUIRED MATHEW
SIGNATURE OR TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954)
10/25/02 435 4488

CR2E040 (8/02)

October 25 ,2002

From : Jose Thomas CPA
Registered agent for KMJ Food Inc.
12839 NW 18 Court, Pembroke Pines
Florida - 33028

To: The Department of State
Division of corporations
Annual Report / Reinstatement Section
Tallahassee Florida - 32314

Dear Sir / Madam:

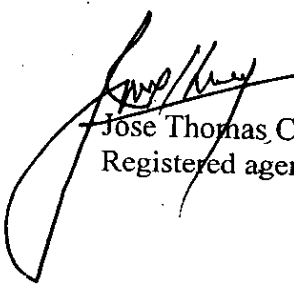
Subject: KMJ Food Inc. # P01000115093

Please find enclosed completed application for reinstatement. Please note that the corporation is formed only on December 12, 2001 and **the corporation or any other agent of the corporation did not receive any prior uniform business report (UBR) notices.**

We request you to kindly wave the reinstatement fee and any other penalties imposed on the corporation. Please find enclosed adequate fee without including any penalty as the filing fee.

Should you have any questions, Please call me at (954) 270 7849

Sincerely,



Jose Thomas CPA
Registered agent of the corporation