

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN 21 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000118560

1. Corporation Name

NATIVE FOODS INC.

Principal Place of Business

Mailing Address

9811 HOLLYBROOK LAKE DR B4 STE 305
PEMBROKE PINES FL 33025

9811 HOLLYBROOK LAKE DR B4 STE 305
PEMBROKE PINES FL 33025



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

75-3008028

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HINDS, ERNEST	9811 HOLLYBROOK LAKE DR B4 STE 3	PEMBROKE PINES FL 33025

200010384167
01/21/03--01034--006 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HINDS, ERNEST

9811 HOLLYBROOK LAKE DR B4 STE 305
PEMBROKE PINES FL 33025

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 1-15-03

11. 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:

SIGNATURE REQUIRED
HINDS

Date

Daytime Phone #

1-15-03 954 438 4913

CR2040 (802)

NATIVE FOODS, INC.
9811 HOLLYBROOK LAKE DRIVE
BLDG 4, APT 305
PEMBROKE PINES, FL 33025

January 16, 2003

Division of Corporation
~~Annual Report/Re-instatement-Section~~
Florida Dept of State
P.O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement of Company
Native Foods, Inc
Document #: P01000118560

TO WHOM IT MAY CONCERN:

This is to inform you that I am applying for reinstatement of the abovementioned Company, because notice for filing was never received.

Thanks in advance for your cooperation.

Sincerely



C. E. Hinds
President