

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 16 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000006667

1. Corporation Name

ATLANTIC FOOD GROUP, INC.

Principal Place of Business

785 SOUTH CONGRESS
DELRAY BEACH FL 33444

Mailing Address

785 SOUTH CONGRESS
DELRAY BEACH FL 33444

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

01/18/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

26-0030003

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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	SCHULZ, JOHN M	3127 NW 68TH COURT	FT. LAUDERDALE FL 33309

REINSTATEMENT

8. Name and Address of Current Registered Agent

TAYLOR, GREGORY B
350 E. LAS OLAS BLVD.
1440
FT. LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

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 _____ Date _____
REGISTERED AGENT MUST SIGN

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E040 (7/03)

2012

Atlantic Food Group, Inc.

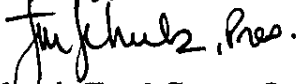
A New Approach To Customer Satisfaction

To Whom It May Concern:

I have received notice that my Corporation was inactive do to forms. We have mailed to your office the proper paperwork fulfilling the request. Obviously, the form was not received on your end. The issue was my FEI number. My FEI number is 26-0030003. Fee has been paid with check #3415 on 5/2/03.

Please confirm this correction and return us to an active status.

Sincerely,



Atlantic Food Group, Inc

JOHN M. SCHULZ

561-276-8680

**785 S CONGRESS AVE
DELRAY BEACH FL 33445**