

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

06 JUN 19 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000037712

1. Corporation Name

I.S. FOODS

2. Principal Office Address

43 South Pompano Pky.

3. Mailing Office Address

43 South Pompano Pky.

Suite, Apt. #, etc.

# 274

Suite, Apt. #, etc.

#274

City & State

Pompano Beach, Fl.

City & State

Pompano Beach, Fl.

Zip

33069

Country

USA

Zip

33069

Country

USA

**REINSTATEMENT**

CR2E081 (12/05)

03-06

4. Date Incorporated or Qualified  
To Do Business in Florida

04/08/02

5. FEI Number

03-0451003

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

George H. Vallario Esq.

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

43 South Pomano Parkway,

Suite, Apt. #, Etc.

Suite # 274

City

Pompano Beach

State  
FL

Zip Code

33069

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 06/13/06

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
Mr.	George H. Vallario Esq.	43 South Pompano Pkw. #274	Pompano Beach, Fl., 33069

300076649873  
06/27/06--01059--010 \*\*600.00

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 contained in Chapter 119, 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:

GEORGE H. VALLARIO ESQ.

06/13/06

877-502-7626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

60000