

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P02000048487

1. Corporation Name

L'CHAYIM KOSHER FOODS, INC.

Principal Place of Business

7617 MARTINIQUE BLVD.  
BOCA RATON FL 33433

Mailing Address

7617 MARTINIQUE BLVD.  
BOCA RATON FL 33433

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

04/29/2002

5. FEI Number

02-0610819

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
P	AIKEN, ERIC	7617 MARTINIQUE BLVD.	BOCA RATON FL 33433

8. Name and Address of Current Registered Agent

AIKEN, ERIC  
7617 MARTINIQUE BLVD.  
BOCA RATON FL 33433

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

*Eric Aiken*

Date

10/29/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/03 561-447-2955

FILED

03 NOV -5 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

REINSTATEMENT

03



700024449697  
11/05/03--01046--018 \*\*150.00

CR2E040 (7/03)

**L'CHAYIM KOSHER FOODS, INC.**

**7617 MARTINIQUE BOULEVARD**

**BOCA RATON, FL 33433**

**TEL. (561) 447-2955 FAX. (561) 447-0715**

October 29, 2003

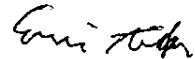
Florida Department of State

To whom it may concern:

Enclosed please find a check for \$150.00 to pay for the 2003 corporate fees. I am requesting that the reinstatement penalty be waived as I did not receive the fee form and I would have paid it on time had I received it.

If you have any questions, please call me at the above number. Thank you for your assistance.

Sincerely yours,



Eric Aiken, President

L'Chayim Kosher Foods, Inc.