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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations	FILED
DOCUMENT # P. 02000065619	06 SEP 21 FN 3:31 SECNER
MRD. FOOD inc.	SECTION TALLANGUE OF SUITED
2. Principal Office Address 3347 Tampe RD 54ME	RENSTATEMENT 03-06
Suite, Apt. #, etc. Suite, Apt. #, etc.	4. Date Incorporated or Qualified
City & State City & State	To Do Business in Florida Lune 12 . 2002 5. FEI Number Applied For
Zip 34684 Country Zip Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
7.00	Tora Cennicate di Status
7. Name and Address of Current Registered Agent	
Daniel Viene DELORT	
Street Address (P.O. Box Number i <u>s N</u> ot Acceptable) 3063 OTTER WAY	
Suite, Apī. #, Etc.	
City Perlm Harber FL 34684	
8. I, being appointed the registered again 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 Pate Registered Agent Registered	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Street Address of Each Cauche Street Address of Each Cauche Street Address of Each	
Titles Officers and/or Directors Officer and/or Director City / State / Zip	
PRES Daniel P. DELORT 2063 offer Way Valm frubor F234684	
Torne Charline R. J. ELORT (Same)	
	1
	500080387185 10/01/06-01923008 **********************************
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: Obstitute On Printed Name OF Signing Officer or Director Daytome Phone #	

Curtis H. Waldon



Certified Public Accountant

1153 Main Street, Suite 105 • Dunedin, FL 34698 • (727) 733-3187

September 5, 2006

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Mr. D. Food, Inc. P02000065619

Dear Sir or Madam:

Enclosed is a Corporation Reinstatement application. Also enclosed is a check in the amount of \$600.00.

According to an internet inquiry the corporation was administratively dissolved 09/19/2003. The annual report fee and corporate supplemental fee to reinstate for 2003 through 2006 is \$600.00. It is requested that the reinstatement fee be waived.

The corporation or registered agent did not receive annual report notices for any years since incorporation. One reason may be that the name of the registered agent is incorrectly stated in your records. The registered agent is Daniel P. Delort, not Delrot.

Please call me if I can be of any assistance in this matter.

Yours truly,

Curtis H. Waldon, CPA

Center S. Walder, CPA

Enclosures

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September 21, 2006

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Kathy Ashton Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Mr. D. Food, Inc. P02000065619

Dear Ms. Ashton:

Enclosed is a copy of your letter of September 12, 2006. Also enclosed are the original documents previously submitted.

Pursuant to our conversation of yesterday, we are not concerned about the other corporation whose name is similar to ours. The names are really quite different. Further, we have operated under this name since 2002 and there has been no confusion between the names.

Thank you for your assistance in this matter.

Yours truly,

Daniel Delort, President