

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000081215

1. Entity Name
K&Y IMPORTED FOOD INC.



FILED

05 DEC 14 PM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9831-2 BEACH BLV.
JACKSONVILLE, FL 32246

Mailing Address
9831-2 BEACH BLV.
JACKSONVILLE, FL 32246

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11242005 REIN-P CR2E098 (6/04)

4. FEI Number
74-3059495

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IWEINAT, ABDULLA M
9801 OLD BAYMEADOWS RD. #60
JACKSONVILLE, FL 32256

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

9801 Old Baymeadows Rd #95
City Jacksonville FL Zip Code 32256

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12-06-05

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME IWEINAT, ABDULLA M ☒ Delete
STREET ADDRESS 9801 OLD BAYMEADOWS RD. #107
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ABDOSHNAF ABDOUSALAM ☒ Change ☐ Addition
NAME Low
STREET ADDRESS 9801 Old Baymeadows Rd
CITY-ST-ZIP #95 Jacksonville FL 32256

TITLE ☐ Change ☐ Addition
NAME 100062163101
STREET ADDRESS 12/14/05--01048--005
CITY-ST-ZIP **158.75

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-06-05 (904) 928-0057