

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *page 1 of 2*

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P02000086853**

1. Corporation Name

EASTERN MASSALA FOOD, INC.

Principal Place of Business

Mailing Address

271 N.E. 166TH ST.
MIAMI FL 33162

271 N.E. 166TH ST.
MIAMI FL 33162

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33162

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

08/12/2002

5. FEI Number

02-0637311

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
PVST	HAZURI, MOHAMMED IQBAL	271 N.E. 166TH ST.	MIAMI FL 33162
D	HAZURI, MOHAMMED IQBAL	271 N.E. 166TH ST.	MIAMI FL 33162
S	ALI, NILOFAR	417 SW 120 AVENUE	PEMBROOKE PINES, FL33025

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

Name
ALVIN I KARP
Street Address (P.O. Box Number is Not Acceptable)
965 NE 171 STREET
Suite, Apt. #, Etc.
City
NORTH MIAMI BEACH
State
FL
Zip Code
33162

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

Alvin I Karp

REGISTERED AGENT MUST SIGN

Date **01/27/2004**

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.

NILOFAR ALI

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/27/2004

Date

305-653-5859

Daytime Phone #

FILED

04 MAR 22 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04-16-03-90-178-016-150.00

REINSTATEMENT

CR2E04D (7/03)

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EASTERN MASSALA FOOD INC
965 NE 171 STREET
NORTH MIAMI BEACH, FL 33162

SUBJECT : EASTERN MASSALA FOOD INC
REF. NUMBER: P02000086853

ATTN: MR TYRONE SCOTT
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

WE RECEIVED THE 2003 REPORT LATE. WE PAID \$300 FOR THE
YEARS 2003 AND 2004. PLEASE WAIVE THE LATE FEES AND
REINSTATE THE CORPORATION.

YOURS TRULY



NILOFAR ALT