	PLEASE READ	ALLINST	RUCTI	ONS	BEFORE C	OMPLETI	NG THIS FORI	M.		
APPLICATION FLORIDA FOR REINSTATEMENT				DEPARTMENT OF STATE Glenda E. Hoss Secretary of State //sion of corporations					No. of the San	
DOCUMENT # P02000099607 1. Corporation Name						FILED 03 OCT 27 PM 5: 28				
THE FOOD STAND, INC.							SECKTTARY OF STATE TALLAHASSEE, FLORIDA			
Principal P	ace of Business	Mailing Addre	ess						BB(() (BB()BB(
1005 ALPINE DR 1005 ALPINE E BRANDON FL 33510 BRANDON FL										
If above a	addresses are incorrect in any way, line thro	ough incorrect in	nformation a	nd enter o	correction below.	Rein	STATEM	ENT_	03	
New Principal Office Address, If Applicable 3. New Mailin				ng Office Address, If Applicable			orated or Qualified ness in Florida	09/13/2002	· · · · · · · · · · · · · · · · · · ·	
Suite, Apt. #, etc. Suite, Apt. #,			etc.			5. FEI Number		· · · · · · · · · · · · · · · · · · ·	Applied For	
City & State City & State						35-2	182056	 	Not Applicable	
Zip	p Country Zip			Country			CERTIFICATE OF STATUS DESIRED 60.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Addresses of Each Officer and/	or Director (Flo	rida nonprofi	it corporat	tions must list at lea	st 3 directors)	1			
TiĽ. (s) 1	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City 4	/ State / Zip		
D.	GOMEZ, CHEYENNE	1005 ALPINE DR				BRANDON FL 33510	Pres	TRESMY CREATE		
D .	GOMEZ, HERMAN			1005 ALPINE DR			BRANDON FL 33510		0	
0	MALDONADO, PROYLAN			2015 E GORDON ST			TAMPA FL 37605	dele	te	
							0023781 0301018007	134 E **61.		
		-					0023781			
				10/27/0301019016 **88.75						
							Address of New Register	ed Agent		
Name										

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 687.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

GOMEZ, CHEYENNE

BRANDON FL-33510

1005 ALPINE DR

REGISTERED AGENT MUST SHEN

Date 10/8/13

Zip Code

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

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.

Suite, Apt. #, Etc.

City

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING SFFICER OR DIRECTOR

10 /8/0 9

Date Daytime Phone #

70/8/03

To whom it Concerns. I Chegenne Jomes Brekident of The Food Stand, Dne. a Working because this is the first application for the Corporation to keep it active. I have not Muered any notice, esperally tha The address is Correct. On some Typices from requesting that Froylan Moldonado be taken of He no longer line or harony Jan endoring & 61.25 in Chejinne gomes