

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000116266

1. Entity Name
POWER FOODS INTERNATIONAL, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 20 AM 8:00

REINSTATEMENT *04*



Principal Place of Business
200 SE 15RD #9A
MIAMI, FL 33126

Mailing Address
200 SE 15RD #9A
MIAMI, FL 33126

2. Principal Place of Business
200 SE 15 RD

3. Mailing Address
200 SE 15 RD

Suite, Apt. #, etc.
9A

Suite, Apt. #, etc.
9A

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33129

Country
U.S.A.

Zip
33129

Country
U.S.A.

12062004

REIN-P

CR2E098 (6/04)

4. FEI Number
03-0507333

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

OSORIO, DAVID
200 SE 15RD #9A
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name **OSORIO, DAVID**

Street Address (P.O. Box Number is Not Acceptable)
200 SE 15 RD, SUITE 9A

City **MIAMI**

FL

Zip Code **33129**

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)

12/8/2004

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, 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 PD
NAME OSORIO, DAVID ☐ Delete
STREET ADDRESS 200 SE 15RD #9A
CITY-ST-ZIP MIAMI, FL 33126

TITLE TD
NAME OSORIO, BENITO A ☐ Delete
STREET ADDRESS 200 SE 15RD #9A
CITY-ST-ZIP MIAMI, FL 33126

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 PP ☒ Change ☐ Addition
NAME OSORIO, DAVID
STREET ADDRESS 200 SE 15 RD, SUITE 9A
CITY-ST-ZIP MIAMI, FL 33129

TITLE TD ☒ Change ☐ Addition
NAME OSORIO, BENITO A
STREET ADDRESS 200 SE 15 RD, SUITE 9A
CITY-ST-ZIP MIAMI, FL 33129

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 OFFICER, DIRECTOR OR DIRECTOR

12/8/2004