

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000005501

FILED
Sep 19, 2005
Secretary of State

Entity Name: 4 SEASONS FOOD DISTRIBUTORS, INC.

Current Principal Place of Business:

501 W. SUNRISE BLVD.
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

210 LAKE POINTE DRIVE
3207
OAKLAND PARK, FL 33309

New Mailing Address:

501 W. SUNRISE BLVD.
FORT LAUDERDALE, FL 33309

FEI Number: 82-0581053

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALMOUSTAFA, HWIDA
501 W. SUNRISE BLVD.
FT. LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ALMOUSTAFA HWIDA

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALMOUSTAFA, HWIDA
Address: 210 LAKE POINTE DRIVE
City-St-Zip: OAKLAND PARK, FL 33309

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: ALMOUSTAFA, HWIDA
Address: 501 W. SUNRISE BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: ST/D () Change (X) Addition
Name: ALMOUSTAFA, HWIDA
Address: 501 W. SUNRISE BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33311

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALMOUSTAFA HWIDA

Electronic Signature of Signing Officer or Director

P/D

09/19/2005

Date