


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	--

FILED

07 JAN 24 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P03000013372*

1. Corporation Name

AFRICAN Food Land, Inc.

300086474088
01/30/07--01005--023 **\$600.00

REINSTATEMENT

2. Principal Office Address

1835 N.W 2nd Ct

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33136

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

06-1677209

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

AATIF A ELZEBIR

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

1835 N.W 2nd Ct

Suite, Apt. #, Etc.

City

Miami, FL 33136

State

FL

Zip Code

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Aatif Elzebir

Date

1/23/07

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>P</i>	<i>AATIF A ELZEBIR</i>	<i>1835 N.W 2nd Ct</i>	<i>Miami, FL 33136</i>

10. 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 contained in Chapter 119, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/23/07

K. Eckel JAN 24 2007

Daytime Phone #

22

January 23, 2007

^{TO}
Secretary of state

Please waive the penalty fee
I've never receive the annual report
I'm enclosing the fee to reinstate
the company 2004, 2005, 2006, 2007

Thank you

Paul Elze