


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000016398	
1. Entity Name FOOD ZONE OF MIAMI, INC.	

Principal Place of Business 434 NE 210TH CIRCLE TERRACE #101 N. MIAMI, FL 33179	Mailing Address 434 NE 210TH CIRCLE TERRACE #101 N. MIAMI, FL 33179
---	---

2. Principal Place of Business 1099 NW 42nd Ave Suite, Apt. #, etc.	3. Mailing Address 1099 NW 42nd Ave Suite, Apt. #, etc.
---	---

City & State Miami, FL	City & State Miami, FL
Zip 33126	Zip 33126
Country USA	Country USA

FILED
05 APR 11 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03282005 REIN-P CR2E098 (6/04)

4. FEI Number 54-2097575	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

6. Name and Address of Current Registered Agent LAKHANI, SEEMA 434 NE 210TH CIRCLE TERRACE #101 N. MIAMI, FL 33179	7. Name and Address of New Registered Agent Name: SEEMA LAKHANI Street Address (P.O. Box Number is Not Acceptable): 1099 NW 42nd Ave City: Miami, FL 33126 Zip Code: 33126
---	--

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: Seema Lakhani SEEMA LAKHANI PRESIDENT 4-7-05
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAKHANI, SEEMA 434 NE 210TH CIRCLE TERRACE #101 N. MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAKHANI SEEMA 1099 NW 42nd Ave Miami, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900051258379 04/19/05--01088--009 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900051258379 04/19/05--01088--010 **8.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STATEMENT 04-05 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Seema Lakhani SEEMA LAKHANI PRESIDENT 4-7-05 (786)295-5914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4/7/2005

TO
THE FLORIDA DEPARTMENT OF STATE

MY NAME SEEMA LAKHANI, I AM THE PRESIDENT OF FOOD ZONE OF MIAMI INC. RECENTLY I HAVE COME TO KNOW THAT MY COOPERATION IS NO LONGER ACTIVE, WHEN I CALL THE AGENCY THEY TOLD ME THAT BECAUSE OF NON PAYMENT AND IF I HAVE A VALID REASON AND IF STATE FIND IT VALID IT CAN BE WAIVED.

MY REASON FOR NOT SENDING THE PAYMENT WAS THAT I NEVER RECEIVED ANY PAPERWORK TO KNOW THAT I SHOULD BE PAYING ANY THING FOR COOPERATION AND BECAUSE OF THE NEW BUSINESS ENTITY I DID NOT KNOW, I SHOULD BE PAYING FOR MY COOPERATION UNTIL I SPOKE WITH A REPRESENTATIVE AT YOUR OFFICE.

I AM SENDING LAST YEAR AND THIS YEAR PAYMENT WITH REINSTATE APPLICATION. PLEASE ACCPT MY APOLOGY AND WAIVE MY PENALTY.

I WILL BE VERY THANKFUL IF YOU WILL ACCEPT IT.

THANK YOU
SEEMA LAKHANI
FOOD ZONE OF MIAMI INC.