PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI ISTATEM	. FEJER			DEPART Secretary ISION OF CO	of S			F. I L. E			
DOCUMENT # P03000023158 1. Corporation Name									SECHERARY OF STATE FALLAHASSEE, FLORIDA			
I-TYLER FOOD ENTERPRISES, INC.												
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address												
1101 S COMBEE RD Suite, Apt. #. etc.				1101 S COMBEE RD Suite, Apt. #, etc.				4	CR2E081 (11/10)			
City & State City & State									Date Incorporated or Qualified To Do Business in Florida 02/18/2003			
LÁKELAND, FL				LAKELAND, FL			, FL ¨	5. FEI Numb] /wpircu i oi			
^{2®} 380	1	USA		^{Zip} 33801	1	US	•	T 6	TE OF STATUS DESIRED		ional Fee required ificate of Status	
7. Name and Address of Current Registered Agent								_				
THONG S. DETSOUVANH												
Street Address (P.O. Box Number is Not Acceptable) 1104 LAKEPLACE CT.												
Suite, Apt. #, Etc.								80 10/19	800252888558 10/15/1301069001 **758.75			
LAKE				FL 33805								
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obli									oligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent Monty S. Alboson									Date 10/09/2013			
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			:h	City / State / Zip			
PRESIDENT	THONG S. DETSOUVANH				1104 LAKEPLACI			CE CT.	LAKELAND, FL.33805			
VICE PRESIDENT	KRISTIE K. DETSOUVANH				1104 LAKEPLACI			CE CT.	LAKELAND, FL. 33805			
												
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10. E-mail Address: BPITYLER@YAHOO.COM

(To be used for future annual report notification)

SIGNATURE:

how S. Delsoud

10/09/2013

(863)665-5985

^{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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.