2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000078873

1. Entity Name
DLC FOODS AND MORE CORP.

FILED
05 MAR -4 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05

Principal Place of Business	Mailing Address
1040 W HALLANDALE BEACH BLVD HALLANDALE BEACH, FL 33009	1040 W HALLANDALE BEACH BLVD HALLANDALE BEACH, FL 33009

02162005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 35-2213884 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RODRIGUEZ, JOSE 1040 W HALLANDALE BEACH BLVD HALLANDALE BEACH, FL 33009	Name PAUL Rogers Kennedy ESQ Street Address (P.O. Box Number is Not Acceptable) 712 US HWY ONE Suite 406 City North Palm Beech FL Zip Code 33408

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 _____ 3/2/05
Signature, typed or printed name of registered agent and title 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	LOAY SWEILEM 1040 W Hallandale Beach Blvd Hallandale Beach, FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition LV 000048436520 03/15/05--01050--032 **900.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President LOAY SWEILEM ☒ Change ☐ Addition 1040 W. Hallandale Beach Blvd Hallandale Beach FL 33009
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Paul R Kennedy, SOCT ☐ Change ☒ Addition 712 US HWY ONE Suite 400 North Palm Beach FL 33408
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ 3/2/05 561-844-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #