

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVE
FILED

06 MAY -5 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300075286613
05/25/06--01044--010 **1050.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000087527

1. Corporation Name

W. RICH FOODS, INC.

REINSTATEMENT

04-06 ASC

CR2E081 (12/05)

2. Principal Office Address 4177 AVOCADO BLVD.		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ROYAL PALM BEACH FL		City & State	
Zip 33411	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 08/11/2003	
5. FEI Number 65-1144930	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
JAMES S RICH

Street Address (P.O. Box Number is Not Acceptable)
4177 AVOCADO BLVD.

Suite, Apt. #, Etc.

City
ROYAL PALM BEACH

State
FL

Zip Code
33411

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/20/06

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
PC	JAMES S RICH	4177 AVOCADO BLVD.	ROYAL PALM BEACH FL 33411

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

Daytime Phone #

[Signature]

4/20/06