

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR -5 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000063815

1. Corporation Name

Boynton Foods, Inc.

2. Principal Office Address - No P.O. Box #

1787 b N. Congress Avenue

Suite, Apt. #, etc.

B

City & State

Boynton Beach, FL

Zip

33436

Country

Palm Beach County

3. Mailing Office Address

1787 b N. Congress Avenue

Suite, Apt. #, etc.

B

City & State

Boynton Beach, FL

Zip

33436

Country

Palm Beach County

REINSTATEMENT 05-08^{KS}

4. Date Incorporated or Qualified
To Do Business in Florida

04/16/2004

5. FEI Number

☒ 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

Amedi, Abdul Baki

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

1787 b N. Congress Avenue

Suite, Apt. #, Etc.

B

City

Boynton Beach

State

FL

Zip Code

33436

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

100120972741
03/24/08--01004--029 **600.00
Date

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
Pres	Abdul Baki Ahmedi	1787 N Congress Ave	Miami FL 33426
VP	Abdul Hadi Ahmedi	9958 Robins Nest	Boca Raton FL 33496
Director	Okkes Koyuncu	733 SW 1st Way	Deerfield Beach FL 33441

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

3/10/08 651859 2015
Date Daytime Phone if

KS