

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000104002

1. Corporation Name

FOODMAX 2005, INC.

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

318 S. DALE MABRY HWY

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33609-2819

Country

US

3. Mailing Office Address

318 S. DALE MABRY HWY

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33609-2819

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

07/25/2005

5. FEI Number  
20-3208304

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

RAHMAN, SYED H

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

318 S. DALE MABRY HWY

Suite, Apt. #, Etc.

City

TAMPA FL

State

FL

Zip Code

33609-2819

☒ 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

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
PSD	RAHMAN, SYED H	7009 INTERBAY BLVD., #810	TAMPA FL 33618

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:

SYED H RAHMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-29-09

Date

813-876-8563

Daytime Phone #

FILED  
09 JUN -9 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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06/09/09--01029--013 \*\*450.00

REINSTATEMENT 07-09  
CR2E081 (12/08)