

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000163189

Entity Name: SHUVO FOODMAX, INC

**FILED**  
**Jan 28, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

702 SOUTH SPRING GARDEN AVE  
DELAND, FL 32720 US

**New Principal Place of Business:**

**Current Mailing Address:**

1608 SOUTH HIGH STREET  
DELAND, FL 32720 US

**New Mailing Address:**

FEI Number: 20-3942870

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOSSAIN, KABIR  
911 COUNTRY CLUB PARK  
DELAND, FL 32724 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: KABIR HOSSAIN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SHAMSUDDOHA, MOHAMMED  
Address: 355 FAIR FIELD DRIVE  
City-St-Zip: SANFORD, FL 32771 US

Title: VP  
Name: HOSSAIN, KABIR  
Address: 911 COUNTRY CLUB PARK  
City-St-Zip: DELAND, FL 32724 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MOHAMMED SHAMSUDDOHA

P

01/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date