

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

98 JUL -1 AM 11:59

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # *P16305*

1. Corporation Name **Food Group South, Inc.**

400002583114--6

-07/08/98--01068--013

*****8.75 *****8.75

400002583114--6

-07/08/98--01068--014

***1895.00 ***1895.00

Principal Place of Business Mailing Address

60 Madison Avenue
New York, New York 10010

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **October 8, 1987**

5. FEI Number **13-2653267**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Donald Axleroad	60 Madison Avenue	New York, New York 10010
V/D	David S. Gottwals	3390 Automall Drive	Westlake Village, CA 91362
S/D	Genevieve Murphy	60 Madison Avenue	New York, New York 10010
V	Philip J. Pearlman	2805 West Busch Blvd.	Tampa, Florida 33618
V	Robert Hager	2805 West Busch Blvd.	Tampa, Florida 33618

8. Name and Address of Current Registered Agent

National Corporate Research, Ltd., Inc.
1406 Hays Street
Suite #2
Tallahassee, Florida 32301

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) *FS 711*
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *John L. Morrissey* REGISTERED AGENT MUST SIGN **Asst. Vice Pres.** Date **6/30/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: *Donald Axleroad*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DONALD AXLEROAD** Date _____ Daytime Phone # _____

CR2E040 (1/98)