


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 02 MAR 13 AM 9 06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 01-02

DOCUMENT # **P93000026665**

1. Corporation Name
NORTH PARSONS FOODS, INC.

2. Principal Office Address 2004 N. PARSONS AVE.		3. Mailing Office Address 203 S. PARSONS AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SPEENER FLORIDA		City & State BRANDON FLORIDA	
Zip 33584	Country USA	Zip 33511	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **1993**

5. FEI Number **59-3179598**

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

7. Name and Address of Current Registered Agent

Name **ABDULLAH SEARJANI**

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

Suite, Apt. #, Etc.

City **BRANDON**

State **FL** Zip Code **33510**

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 ***1958.75 *** 958.75

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]* Date **3-10-02**

REGISTERED AGENT MUST SIGN

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
PTD	ABDULLAH SEARJANI	712 PINEWALK DRIVE	BRANDON FL 33510

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 under section 119.07(3)(f), 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]* Date **3-10-02** Daytime Phone # **(813) 6846526**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E881 (9/01)