

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

*pg 1 of 2*

DOCUMENT # **P93000086394**

1. Corporation Name

**A-1 FOODS, INC.**

01 JAN 12 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

7832 W. SAMPLE RD.  
MARGATE FL 33063

7832 W. SAMPLE RD.  
MARGATE FL 33063



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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified  
To Do Business In Florida

12/13/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0461686

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<del>ANWAR, ZAHID</del>	<del>ANWAR, ZAHID</del>	<del>7832 W. SAMPLE RD.</del>	<del>MARGATE FL 33063</del>
P TD	LIAQUAT, ALI	7832 W. SAMPLE RD.	MARGATE FL 33063
D	REHANA LIAQUAT ALI	6061 SW 36 CT #B	DAVIE, FL 33314

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-01/29/01--01130--019

\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

ANWAR, ZAHID  
7832 W. SAMPLE RD.  
MARGATE FL 33065

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

**SIGNATURE REQUIRED**

Date

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

To:   
Dept. of State

PO 2d 2

Re-INSTATEMENT DEPT.

DOC # P 93000086394

Dear Sir,

ENCLOSED A ANNUAL REPORT  
ALONG WITH CHECK OF \$150 -  
AS PER YOUR INSTRUCTION ON  
THE PHONE.

I DIDN'T RECEIVE FORM  
EARLIER, MAY BE IT WAS  
MISPLACED IN THE MAIL

PLEASE HELP ME UPDATE  
NY CORPORATION

THANK YOU -  
KINDLY.