

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Jim Smith Secretary of State DIVISION OF CORPORATIONS

02 SEP 25 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000018346

1. Corporation Name

Adobe Food Enterprises, Inc.

700008048267--5

-09/26/02--01035--004

***1508.75 ***1508.75

REINSTATEMENT

96-02

2. Principal Office Address 5420 N. Ocean Drive		3. Mailing Office Address 5420 N. Ocean Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Riviera Beach, FL		City & State Riviera Beach, FL	
Zip 33404	Country USA	Zip 33404	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 03/03/1994	
5. FEI Number 85-0237857	Applied For Not Applicable
6. CERTIFICATE OF STATUS: DESIRED ☒ \$3.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Eric M. Sauerberg, P.A.Street Address (P.O. Box Number is Not Acceptable)
200 Village Square CrossingSuite, Apt. #, Etc.
Suite 102City
Palm Beach GardensState
FLZip Code
33410

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0516 or 617.0503, F.S.

Signature of
Registered AgentDate
9/24/02

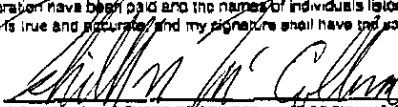
REGISTERED AGENT MUST SIGN

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
D	Phillip W. McCollum	5420 N. Ocean Drive	Riviera Beach, FL 33404

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)(c), 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:


 Phillip W. McCollum
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(561) 840-2007

Date

Daytime Phone #

CER/EST (F001)

9/25/02