

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
09 JAN 12 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000028331

1. Corporation Name

Learsi Foods

300140362079  
01/12/09--01051--016 \*\*1358.75

2. Principal Office Address - No P.O. Box #

11290 Rockinghorse Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

11290 Rockinghorse Rd.

Suite, Apt. #, etc.

City & State

Cooper City FL.

Zip 33026

Country U.S.A.

City & State

Cooper City FL.

Zip 33026

Country U.S.A.

REINSTATEMENT 01-09  
CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida

4.13.1994

5. FEI Number

650495961

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Harry Fishman

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

11290 Rockinghorse Rd.

Suite, Apt. #, Etc.

City

Cooper City

State

FL

Zip Code

33026

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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]*

REGISTERED AGENT MUST SIGN

Date

1/12/09

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
Pres.	Harry Fishman	11290 Rockinghorse Rd.	Cooper City FL 33026
Sec.	Mindy S. Fishman	11290 Rockinghorse Rd.	Cooper City FL 33026

JC 1/20

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 807.0401 or 817.0401, 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 contained in Chapter 119, 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

*[Signature]*

Date

1-13-09 (954) 812-8621

Daytime Phone #