	PLEASE REAL	O ALL INS	TRUCTIONS	S BEFORE (COMPLET	ING THIS FO	DRM.		
APPLICATION FLORI FOR REINSTATEMENT			DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		7				
DOC	UMENT # 194000	17_			FILED				
1. Corporation Name						98 MAY -4 AM 11: 18			
	5HI FOOD INC					SECRETAT TALLAHAS	RY OF STA	NTE RIDA	
	3 N MILITAR	Mailing Add	-						
W. PALM BRACH, FL 33409									
If above addresses are incorrect in any way, line through incorrect information and enter correction below.						BEINSTATERAENT OLD OR			
	incipal Office Address, If Applicable		New Mailing Office Address, If Applicable			Date Incorporated or Gualined To Do Business in Florida			
Suite, Apt			Suite, Apt. #, etc.			5. FEI Number Applied For			
City & State			City & State		^		Not Applicable		
Zip	Country	Zip	Count		<u> </u>	E OF STATUS DESIRED	10r a Cer	tional Fee required tificate of Status	
7. Names (Title(s)	and Street Addresses of Each Officer at Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Orion Control City / State / Zip							
O MANESH PATEL			3 WERT CHISTERFIELD PAN			LANTANA, FL 33462			
UP NATAN PATEL			35 BUXTON LAN			2 BOYNGON BCH, FL 33462			
		·				X55/498			
							- U		
			l l			5000025208566 -05/12/9801087017 ***1058.75 ***1058.75			
8. Name and Address of Current Registered Agent Name				Name	Name and Address of New Registered Agent				
MANESH PATEL 3. WEST CHRETER FIGURE DRIVE				Street Address (P.O. Box Number is Not Acceptable)					
ANHANA, FL 33462			Suite, Apt. #, Etc.						
			City				State Zip Ci	ode	
10. I, being Signature of Registered	appointed the registered agent of the a		oration, am familiar w	I with and accept the ob	oligations of Section		H130/98		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No Yes							her side for info on intangible tax		
this reins	that I am an officer or director or the rec statement application, the reason for dis the Corporation have been paid and the	solution has been	eliminated, the corpo	orate name satisties t	he requirements of	of section 607 8461 or	617 0401 E.C.	that all food	

《中·蒙皇》《唐史》《郑·南文》《汉文佛塔·曹孝》《唐文书》书书《张·西汉明明《唐书》《《《汉·李谦》《《《《·唐歌诗诗诗》》《《· Shinasan》》《《· Shinasan》《· Shinasan》《· Shinasan》(· Shinasan)》(· Shinasan)(· Shinasan))(· Shinasan)(· Shinasan))(· Shinasan))(· Shinasan)(· Shinasan))(· Shinasan)(· Shinasan)(· Shinasan))(· Shinasan)(· Shinasa

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SIGNATURE: * SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 04/30/198 471-0055
Daylime Phone #