

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 SEP 23 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000076361

1. Corporation Name

M & H FOOD ENTERPRISES, INC.

Principal Place of Business

16 N.E. 3rd Avenue
Miami, FL 33132

Mailing Address

16 N E. 3rd Avenue
Miami, FL 33132

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

10/18/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0526890

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Robert Haik	16 N.E 3rd Avenue	Miami FL 33132
REINSTATEMENT			
		96-98 TB-	900002646809 - - 1
		9/23	-09/23/98 - -01019 - 001
			***1155.00 ***1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

David E. Marko

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

3001 S.W. Third Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33129

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

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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

ROBERT HAIK

9/24/1998

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CR2E040 (1/98)