

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 SEP 29 PM 12: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09272006 REIN-P CR2E098 (11/05)

DOCUMENT # P95000008998	
1. Entity Name FOOD PLUS 114, INC.	



Principal Place of Business 12901 SW 60TH STREET MIAMI, FL 33183	Mailing Address 7777 NW 146 STREET MIAMI LAKES, FL 33016
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2. Principal Place of Business 12882 S.W. 87 AV.		3. Mailing Address 12901 S.W. 60 ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL.		City & State MIAMI FL.	
Zip 33176	Country U.S.	Zip 33183	Country U.S.

6. Name and Address of Current Registered Agent SHOMAR, JOSEPH 7777 NW 146 STREET MIAMI LAKES, FL 33016	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE	DATE 9-28-06
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SAMHAN, MAHA 12901 SW 60TH STREET MIAMI, FL 33183 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUSTAFA, MAEN 12882 S.W. 87 AV. MIAMI, FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAMHAN, MAHA 12882 S.W. 87 AV. MIAMI, FL 33176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:	DATE 9-28-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

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