| PLEASE READ AL | L INSTRUCTIONS | BEFORE C | OMPLETI | NG THIS FORM | |
|---|---|------------------------------|---|-----------------------|---|
| 7.7= -=:: | FLORIDA DEPARTME Sandra B Moi Secretary of S DIVISION OF CORPO | NT OF STATE tham State | | HLED | |
| DOCUMENT # P9500009387 1. Corporation Name | | | SECTION STATE | | |
| A & K PROVISIONS, INC. | | | TÁLLÁHÁSSÉE, FLÖRÍÐA | | |
| incipal Place of Business Mailing Address | | | | | |
| l l | | | | | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | | | | · · |
| New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. 10. 9. OLD COLRTROAD 10. Apt. #, etc. Suite, Apt. #, etc. | | | Date Incorporated or Qualified To Do Business in Florida 01/31/1995 | | |
| APT 138 A | PT 138 ity & State | ر ایب | 5. FEI Number | 65-0564992 | Applied For Not Applicable |
| BOCA KATON 41 I | 30C4 HA70 33433 Countr | | 6. CERTIFICATE | \$8. | 75 Additional Fee required or a Certificate of Status |
| 7. Names and Street Addresses of Each Officer and/or D | irector (Florida nonprofit corpora | itions must list at lea | | | N 2 Certificate of Status |
| Title(s) Name of Officers Street Address Officer and/or Directors Officer and/or 3 (Do NOT Use Post Office | | | or City / State / Zip | | |
| D FRIEDMANN, ARTHUR | | | | SUNRISE FL 33351 | |
| | | ATON, TI | | | |
| | | | 90 | 0002739 -01/13/990 | 3 19 8 |
| DEMETATEMENT | | | | *****/50.00 | ****750.00 |
| | EINSTATE | AFTA 1 — | LU 1 | 6-99 | |
| | | | 7 7 | Ĺ | |
| 8. Name and Address of Current Registered Agent | | | Name and Address of New Registered Agent | | |
| 8580 NORTHWEST 36TH STREET 6109 O COCOU ET ROAD | | | O Poy Number i | v Not Acceptable) | 8000 |
| | | | reet Address (P.O. Box Number is Not Acceptable) | | |
| SUNPRICE FL 33351 BOCA Ratonitl | | City State Zip Code | | | |
| 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob | | | | | |
| Signature of Registered Agent | | | | | |
| REGISTERED AGENT MUST SIGN | | | | | |
| [11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No | | | | | |
| 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 filling 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: K SIGNATURE AND TYPED OR PRIVIED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylime Phone # | | | | | |

EXPERT

Income Tax & Bookkeeping Services 890 N. Federal Highway Pompano Beach, Fl. 33062

Telephone: (954) 781-0077 Facsimile: (954) 781-9853

GIOVANNI INCARDONA E.A. Enrolled To Practice Before The Internal Revenue Service

Division of Corporations Reinstatement Department P.O. Box 6327 Tallahassee, Fl. 32314

RE: A&K PROVISIONS, INC.
Ref. Number: P95000009387

December 29, 1998

Dear Sir / Madam,

Please be advised as per my phone conversation today with Tyrone, from the Corporation Reinstatement Department, the signature on line 10 of the Application for Reinstatement is the same as the signature on Mr. Friedmann's business check. Mr. Friedmann signed the application in my office, in my presence, and I assure you that the signatures are the same person.

OFFICIAL NOTARY SEAL
GIOV. ANNY INCARDONA
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC60326
MY COMMISSION EXP. AUG. 2,2001

Giovianni Incardona E.A.