

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

97 OCT -8 PM 3: 31

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # PC15000015688

1. Corporation Name

KAZI FOODS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

771 SOUTH SANTA FE AVE.
 PUEBLO, CO 81006

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 <u>2/24/95</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>52-1920382</u>	
City & State		City & State		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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
PRES	ZUBAIR KAZI	3671 SUNSWEEP DRIVE	STUDIO CITY, CA 91604
ADMIN	SHARON VENSOR	771 S. SANTA FE AVE	PUEBLO, CO 81006
SEC	CHRIS SCANLAN	3671 SUNSWEEP DRIVE	STUDIO CITY, CA 91604
TREA	ZUBAIR KAZI	3671 SUNSWEEP DRIVE	STUDIO CITY, CA 91604

REINSTATEMENT 1997

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<u>CORP. SVC. CO 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</u>		<u>Adan</u> <u>10/8/97</u>	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc. <u>000002315980-9</u>	
		City <u>FL</u>	
		Date <u>10/09/97</u>	
		Filing Number <u>01061-001</u>	
		Fees <u>****750.00</u>	

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 Dail Shelby, as agent Date 10/8/97
REGISTERED AGENT MUST SIGN DAIL SHELBY

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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] 10/06/97 818-761-7202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)