


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 OCT -2 AM 8:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>P95000026068</u> 1. Corporation Name <u>PINEDA GAS & FOOD INC</u>					
2. Principal Office Address <u>6570 N. HARBOR CITY BLVD</u> Suite, Apt. #, etc. City & State <u>MELBOURNE, FLORIDA</u> Zip <u>32940</u>			3. Mailing Office Address <u>SAME</u> Suite, Apt. #, etc. City & State Zip Country		
4. Date Incorporated or Qualified To Do Business in Florida <u>APRIL 95</u>			5. FEI Number <u>59-334-03-90</u>		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			7. Name and Address of Current Registered Agent Name <u>DEVEN M. SHAH</u> Street Address (P.O. Box Number is Not Acceptable) <u>563 LAKE ASHLEY CIR.</u> Suite, Apt. #, Etc. City <u>WEST MELBOURNE</u> State <u>FL</u> Zip Code <u>32904</u>		

7. Name and Address of Current Registered Agent Name <u>DEVEN M. SHAH</u> Street Address (P.O. Box Number is Not Acceptable) <u>563 LAKE ASHLEY CIR.</u> Suite, Apt. #, Etc. City <u>WEST MELBOURNE</u> State <u>FL</u> Zip Code <u>32904</u>		100004627601--9 -10/08/01--01085--016 ****750.00 ****750.00
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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent <u>[Signature]</u> Date <u>9/28/01</u> REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	DEVEN M. SHAH	563 LAKE ASHLEY CIR. WEST MELBOURNE, FL. 3	WEST MELBOURNE FL. 32904
V-PRES	MRINALINI SHAH	SAME AS ABOVE	SAME AS ABOVE
10. 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: <u>[Signature]</u> <u>PRES DEVEN M. SHAH</u> <u>9/28/01</u> <u>(341) 725-0052</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E081 (9/00)



ACCOUNT NO. : 072100000032

REFERENCE : 717600 7287276

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : October 1, 2001

ORDER TIME : 3:35 PM

ORDER NO. : 717600-005

CUSTOMER NO: 7287276

CUSTOMER: Mr. Deven M. Shah
Pineda Gas & Food, Inc.
6570 N. Harbor City Blvd.
Melbourne, FL 32940

RECEIVED

01 OCT -1 PM 4:44

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: PINEDA GAS & FOOD INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS _____