

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 MAY -2 AM 8:45

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS																																									
<b>DOCUMENT #</b> P95000056930																																											
<b>1. Corporation Name</b> MOORE FINE FOODS INC																																											
<b>2. Principal Office Address - No P.O. Box #</b> 1299-B STATE AVENUE		<b>3. Mailing Office Address</b> 1299-B STATE AVENUE																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																									
City & State <b>HOLLY HILL FL</b>		City & State <b>HOLLY HILL FL</b>																																									
Zip 32117	Country US	Zip 32117	Country US																																								
<b>7. Name and Address of Current Registered Agent</b> <p>Name <b>KEVIN R MOORE</b></p> <p>Street Address (P.O. Box Number is Not Acceptable) <b>1299-B STATE AVENUE</b></p> <p>Suite, Apt. #, Etc.</p> <p>City <b>HOLLY HILL</b>      State <b>FL</b>      Zip Code <b>32117</b></p>																																											
<b>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.</b>																																											
Signature of Registered Agent		Date _____																																									
REGISTERED AGENT MUST SIGN																																											
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>																																											
<table border="1"> <thead> <tr> <th colspan="2">Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td colspan="2">PRES</td> <td>KEVIN R MOORE</td> <td>1299-B STATE AVENUE</td> <td>HOLLY HILL FL 32117</td> </tr> <tr> <td colspan="2"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Titles		Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	PRES		KEVIN R MOORE	1299-B STATE AVENUE	HOLLY HILL FL 32117																														
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PRES		KEVIN R MOORE	1299-B STATE AVENUE	HOLLY HILL FL 32117																																							
<b>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 contained in Chapter 119, 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.</b>																																											
SIGNATURE: 		KEVIN R MOORE	04-30-07 356-673-6451																																								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #																																									

**REINSTATEMENT** 1996-07

CR2E081 (1/07)

**4. Date Incorporated or Qualified  
To Do Business in Florida** 07/18/1995

**5. FEI Number** 59 3326668  Applied For  
 Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**  \$8.75 Additional Fee required  
for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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05/22/07-01053--019 \*\*2408.75

4/30/07:JFW:MF

J 5/14