PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 MAY 15 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name MRD FOODS, INC.

P96000009214

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-05/27/02--01001--012
***1050.00 ***1050.00

2. Principal Office Address	3. Mailing Office Address
4201 N. OCEAN BLVD.	4201 N. OCEAN BLVD.
Suite, Apt. #, etc. 101	Suite, Apt. #, etc. 101
City & State BOCA RATON, FL	City & State BOCA RATON FL
Zip 33431 Country US	Zip 33431 Country US

4. Date Incorporated or Qualified To Do Business in Florida 1996

5. FEI Number 65-063486 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: MARILYN RAYBIN

Street Address (P.O. Box Number is Not Acceptable): 4201 N. OCEAN BLVD

Suite, Apt. #, Etc.: 101 C

City: BOCA RATON State: FL Zip Code: 33431

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: Marilyn Raybin Date: 5/14/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
P	MARILYN RAYBIN	4201 N. OCEAN BLVD, #101	BOCA RATON FL 33431
S	SCOTT RAYBIN	4201 N. OCEAN BLVD, #101	BOCA RATON FL 33431

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: Marilyn Raybin 5/14/02 5612132289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #