

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000099535

1. Corporation Name

LIFEFOODS, INC.

FILED
03 OCT 29 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

Principal Place of Business

Mailing Address

514 PALERMO AVE

514 PALERMO AVE

#4

#4

CORAL GABLES FL 33134

CORAL GABLES FL 33134



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

12/09/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3615 NE 207TH ST

MIAMI, FLORIDA

City & State

Zip 33180

Country U.S.A.

Zip

Country

5. FEI Number

65-0756898

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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	4 City / State / Zip
P	PARK, JOHN J	514 PALERMO AVE, #4	CORAL GABLES FL 33134
ST	PARK, HYOUNG O	514 PALERMO AVE, #4	MIAMI FL 33134

900024260229
10/28/03--01071--015 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PARK, JOHN J
514 PALERMO AVE
#4
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE
REGISTERED AGENT MUST SIGN

Date 10-24-2003

11. 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-2003

Date

Daytime Phone #

L!FEFOODS, INC.

3615 NE 207TH ST #3212 MIAMI, FLORIDA 33180

Tel: (305) 620-4578 Fax: (305) 620-3970

October 24, 2003

FLORIDA DEPARTMENT OF STATE

Division of Corporations

P.O.Box 6327

Tallahassee, Florida 32314

• **Re: Application for Reinstatement of Document # P96000099535**

Enclosed herewith, please find our Application for Reinstatement for Document # P96000099535 and the fee of \$150.00 to file the report without penalty.

We've been reporting every year without fail since 1996 except for this year. This year, however, we lost chance to receive your Uniform Business Report (UBR) apparently due to the change of our address.

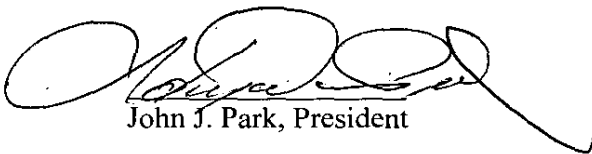
As shown in Application, we have moved from 514 Palermo Ave #4 Coral Gables FL 33134 to 3615 NE 207th ST #3212 Miami, FL 33180 a year before and there had been mailing problems and we had to request USPS to double confirm our address.

Now we are glad to have your new Notice and we believe this is what the State gives us an opportunity to reinstate for the second chance.

Your kind consideration regarding this matter would be highly appreciated.

Sincerely Yours,

L!FEFOODS, INC.



John J. Park, President