

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000008454

1. Entity Name  
QUALENDER FOOD CORP.



FILED

04 NOV -8 PM 12: 29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1427 ALTON ROAD  
MIAMI BEACH, FL 33139

Mailing Address  
1444 BISCAYNE BOULEVARD  
SUITE 309  
MIAMI, FL 33132

2. Principal Place of Business

3. Mailing Address  
10300 SW 133rd Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Miami FL

Zip

Country

Zip  
33186

Country

11022004

REIN-P

CR2E098 (6/04)

4. FEI Number

65-0726807

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAH, CHANDRAKANT  
1427 ALTON ROAD  
MIAMI, FL 33139

Name

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

10300 SW 133rd Court

City

Miami

FL

Zip Code

33186

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Chandrakant Shah*

CHANDRAKANT SHAH

11/5/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
SHAH, CHANDRAKANT  
1427 ALTON ROAD  
MIAMI, FL 33139 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
10300 SW 133rd Court  
Miami, FL 33186

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
100042557651  
11/08/04--01043--014 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
*11/15*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Chandrakant Shah* CHANDRAKANT SHAH

11/5/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #