

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED

04 SEP 27 AM -8 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000036965

1. Corporation Name

Kazi Foods of Key West, Inc.

3671 Sunswept Drive
30 Pronningens Gade**2. Principal Office Address**

3671 Sunswept Drive

Suite, Apt. #, etc.

3. Mailing Office Address

30 Pronningens Gade

Suite, Apt. #, etc.

Suite B 30

City & State

Studio City, CA

City & State

St. Thomas VI

Zip

91604

Country

USA

Zip

00802

Country

4. Date Incorporated or Qualified

To Do Business in Florida April 23, 1997

5. FEI Number

954660481

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2625

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**Brian Courtney
Asst. V. Pres.**

Date

9/25/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Zubair Kazi	3671 Sunswept Drive	Studio City, CA 91604
DR	Lee Dicely	134 W. Chocolate Avenue	Hershey, PA 17033
			800041636818
			10/06/04--01020--012 **900.00

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/20/04

Daytime Phone #

818 540-5497

CR2E181 (01/04)