

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000084255**

1. Corporation Name

THE FOOD SECTION, INC.

Principal Place of Business

**8204 NORTHWEST 198TH STREET
 MIAMI FL 33015**

Mailing Address

**8204 NORTHWEST 198TH STREET
 MIAMI FL 33015**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 98-99

4. Date Incorporated or Qualified To Do Business in Florida

09/30/1997

5. FEI Number

65-0784251

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSTD	MURPHY, OLENA S	8204 NORTHWEST 198TH STREET	MIAMI FL 33015
			2000002795242-- 1 -03/05/99--01005--018 ****150.00 ****150.00
			2000002795242-- 1 -03/05/99--01005--018 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

9. Name and Address of New Registered Agent

Name
Spiegel & Utrera, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
343 Almeria Avenue
 Suite, Apt. #, Etc.

City
Coral Gables

State
FL

Zip Code
33134

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.

Signature of Registered Agent

By:

Natalia Utrera, Vice President

Date

12/11/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, OR DIRECTOR

12/17/98

Date Daytime Phone #

CR2E60 (9/98)