## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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		Kari	n <b>Ha s</b> of Ste			00 FE	B-7 AM	111: 11	
		DIVI: N OF C					ETARY OF WESSEE.		
DOCUME		•				PALEA	Weister,	FLORIDA	
1. Corporation Nam	o food service	e of South	k Floric	da,					
TNC	•								
P9800001420)  2. Principal Office Address 3. Mailing Office Address						מממב	3136	(മാമം	
6744 A	others + 4than	3. Mailing Office Address PO BOK YOZ766			_	-02.	/15/00( • <b>+</b> 300.00	011120	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. Date Incom	orated or Qua	alified	.,	
City & State Miami,	Clarida	City & State			To Do Business in Forda 20, 1998  5. FEI Number				
	Country	Miam' Bec	Country		6.		'co		Applicable
3313	8 USA	33140	UST		CERTIFICATE	OF STATUS D		75 Additional for a Certificate	
Name		1 .	Address of Curre	nt Registered	d Agent				
Street	Address (P.O. Box Number is No	ot Acceptable)	6 pine	otro 1	0 0				
Suite,	Apt. #, Etc.	9 37	6 Pin	<u> </u>		1000			
City	Mighi	Beach				State Z	ip Code	40	
<b>B.</b> I, being appointed Signature of Registered Agent	d the registered agent of the above	re named corporation, am f		ccept the obli	gations of section	on 607.0505 o	1 /2/0		
	et Addresses of Each Officer and	or Director (Florida nonpro		ust list at leas	st 3 directors)				
Titles	Officers and/or Directors	- 1- 1	Officer and	/or Director			City / Sta	ite / Zip	
1 (	orig Ster	7 1	396 p	) wed	ee Or	120		>(a	<del></del>
VF	Jestrey S	for 1	1000	13-CC	i.Ch.	r s	3149		
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			75.00						
								KE	
this reinstateme	n an officer or director or the receiv nt application, the reason for disso	olution has been eliminated,	the corporate nar	me satisfies th	requirements	of section 607	.0401 or 617.04	401, F.S., that a	all fees
	poration have been paid and the ron is true and accurate, and my sign					er section 119.	07(3)(i), F.S. Th	ne information i	ndicated

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR