

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR -8 PM 5:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

00-02

DOCUMENT # p98000023480

1. Corporation Name

U LIKE 2 EAT FOOD, INC.

2. Principal Office Address

1301 North 64th Way

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33024

Country

U.S.A.

3. Mailing Office Address

229 BROADWAY

Suite, Apt. #, etc.

City & State

AMITYVILLE, FL

Zip

11726

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 12, 1998

5. FEI Number

65-0843531

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

LARRY RAICHANDANI

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

1301 North 64th Way

Suite, Apt. #, Etc.

City

Hollywood, FL

State

FL

Zip Code

33024

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

REGISTERED AGENT MUST SIGN

Date March 13, 2002

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	TSZ ON CHEUNG	229 BROADWAY STREET	AMITYVILLE, N.Y. 11726

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

March 13, 2002 (631) 789-4608

Date

Daytime Phone #

CR2E081 (9/01)