

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION
REINSTATEMENT



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

02 MAY 10 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 298000083852

1. Corporation Name

A & N Gourmet, Inc.

REINSTATEMENT 99-02

2. Principal Office Address

47 E. Robinson St.

Suite, Apt. #, etc.

Ste 101

City & State

Orlando, FL

Zip

32801

Country

U.S.A.

3. Mailing Office Address

47 E. Robinson St.

Suite, Apt. #, etc.

Ste 101

City & State

Orlando, FL

Zip

32801

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business In Florida

09/28/1998

5. FEI Number

59-3533326

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

Alison N. Musarra

600005575628-0

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

47 E. Robinson St.

05/21/02 01003-021

***1200.00 ***1200.00

Suite, Apt. #, Etc.

Suite 101.

City

Orlando

State

FL

Zip Code

32801

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

Alison N. Musarra

REGISTERED AGENT MUST SIGN

Date

10/29/01

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
Pres.	Nicholas J. Musarra	47 E. Robinson St. Ste 101	Orlando, FL 32801
Secretary	Alison Musarra	47 E. Robinson St., Ste 101	Orlando, FL 32801

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:

Alison N. Musarra Alison N. Musarra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/29/01

Daytime Phone #

407-317-3497

CR2E081 (9/00)