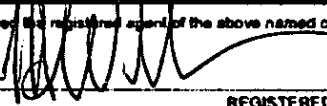
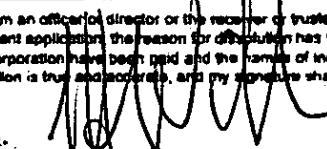


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 02 AUG -1 PM 4:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
DOCUMENT # P98000100493 1. Corporation Name NYAMIN GOURMET FOODS INC																															
2. Principal Office Address 11401 Pines Blvd Suite, Apt. #, etc. City & State Pembroke Pines, FL Zip 33026 Country USA		3. Mailing Office Address 11401 Pines Blvd Suite, Apt. #, etc. Box - D16 City & State Pembroke Pines, FL Zip 33026 Country USA																													
4. Date Incorporated or Qualified To Do Business in Florida 11/25/1998 5. FEI Number 65-0879498 6. CERTIFICATE OF STATUS DESIRED ☐		Applied For Not Applicable																													
7. Name and Address of Current Registered Agent Name Trovel Williams Street Address (P.O. Box Number is Not Acceptable) 20080 NW 2nd Ave Suite, Apt. #, Etc. City Pembroke Pines State FL Zip Code 33029																															
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S. Signature of Registered Agent  Date 7/15/02 REGISTERED AGENT MUST SIGN																															
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>V.P.</td> <td>Omar Shoucair</td> <td>11401 Pines Blvd</td> <td>Pembroke Pines, FL 33026</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	V.P.	Omar Shoucair	11401 Pines Blvd	Pembroke Pines, FL 33026																				
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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 807 or 817, 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 807.0401 or 817.0401, 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:  Trovel Williams 7/15/02 (954) 432-6262 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																															