

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000102694

1. Entity Name  
FATIMA FOOD, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 12 PM 2:54

Principal Place of Business  
8926 BYRON AVE.  
SURFSIDE, FL 33154

Mailing Address  
8926 BYRON AVE.  
SURFSIDE, FL 33154

REINSTATEMENT 04-05



2. Principal Place of Business

3. Mailing Address

6345 COLLINS AVE  
MIAMI BEACH FL

6345 COLLINS AVE  
MIAMI BEACH FL

05012005 REIN-P CR2E098 (6/04)

4. FEI Number  
65-0886263

Applied For  
Not Applicable

Zip  
33141

Country  
DADE

Zip  
33141

Country  
DADE

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KHAN, KAMRUL H  
8926 BYRON AVE.  
SURFSIDE, FL 33154

Name

Street Address (P.O. Box Number is Not Acceptable)  
6345 COLLINS AVE

City  
MIAMI BEACH

FL Zip Code  
33141

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHAN, KAMRUL H 8926 BYRON AVE. SURFSIDE, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6345 COLLINS AVE. MIAMI BEACH FL 33141-4614 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400054914654 05/20/05--01038--007 **\$300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

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

KAMRUL H KHAN 04/30/2005 305 861-2005  
Date Daytime Phone #