2002 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 23 PM 1:48

DOCUMENT # P99000000241

1. Corporation Name

ALLSTATE FOOD MARKETING, INC.

2. Principal Office Address		**3.** Mailing Office Address	
4494 John Young Parkway		4494 John Young Parkway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Orlando, FL		Orlando, FL	
Zip	Country	Zip	Country
32804	USA	32804	USA

4. Date Incorporated or Qualified To Do Business in Florida 04/04/1999

5. FEI Number 65-0887164 ☐ 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: Paul L. Haire

Street Address (P.O. Box Number is Not Acceptable): 4494 John Young Parkway

Suite, Apt. #, Etc.:

City: Orlando | State: FL | Zip Code: 32804

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 _____ Date 12/19/2002

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
PD	Donald E. Shaver	4494 John Young Parkway	Orlando, FL 32804
VC	Paul L. Haire	4494 John Young Parkway	Orlando, FL 32804

600009646546
12/23/02--01079--005 **450.00

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: Paul Haire Paul L. Haire, Vice President 12/19/2002 407-296-2911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

12-23-02 | UPS

ROBERT P. SALTSMAN, P. A.

Attorney at Law

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Winter Park, Florida 32789
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Post Office Box 2146
Winter Park, Florida 32790
Writer's E-Mail Address:

December 20, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: ~~*AFM*~~ Allstate *Food Marketing, Inc. - Application for Reinstatement*

Dear Sir/Madam:

Enclosed is the Application for Reinstatement for ~~AFM~~ Allstate Food Marketing, Inc. The corporation had not filed any of its annual reports because it had not received an annual report from the Secretary of State since the filing of its Articles of Incorporation. Under the circumstances, we would respectfully request that the penalty for reinstatement be abated. Enclosed is a check in the amount of $450.00 to pay the annual fees which are due to date.

We appreciate and thank you for your attention and consideration. Please call us immediately if there are any questions.

Sincerely,

Robert Saltsman

Robert P. Saltsman

RPS/no
Enclosures