PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 DEC 17 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P99000011878

1. Corporation Name
Out Island Foods, Inc.

W01000028005

2. Principal Office Address	**3.** Mailing Office Address
1000 U.S. Highway #1	c/o Telles 12765 W.Forest Hill Blvd
Suite, Apt. #, etc. 711	Suite, Apt. #, etc. 1305
City & State Jupiter, Florida	City & State Wellington, FL
Zip / Country 33477 / USA	Zip / Country 33414 / USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0895047
☐ 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
Dean Young

Street Address (P.O. Box Number is Not Acceptable)
1000 U.S. Highway #1

Suite, Apt. #, Etc.
711

City | State | Zip Code
Jupiter | FL | 33477

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 Dean B Young — REGISTERED AGENT MUST SIGN

Date Nov 25 2001

CR2E081 (9/00)

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	Young, Dean	1000 U.S. Highway #1 # 711	Jupiter, FL 33477

00-01
REINSTATEMENT

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: Dean B Young DEAN B YOUNG Nov. 25 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #