

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN -6 PM 3:20

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **P99000021653**

1. Corporation Name

A & S FOODS, INC.

2. Principal Office Address

970 SEMORAN BLVD

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32807

Country

USA

3. Mailing Office Address

970 SEMORAN BLVD

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32

Country

USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 9, 1999

5. FEI Number

59-3561736

Applied For

Not Applicable **SP**

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SHIRAZ VIRJI

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

8511 SUMMERVILLE PLACE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32819

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

REGISTERED AGENT MUST SIGN

Date

5/29/01

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	SHIRAZ VIRJI	8511 SUMMERVILLE PL.	ORLANDO, FL 32819
			000004434880--3
			-06/21/01--01033--024
			****900.00 ****900.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHIRAZ VIRJI

Date

5/29/01

Daytime Phone #

407-331-8800

CR2E081 (9/00)