FILED
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04 APR 29 AM 9:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000030101

1. Corporation Name

FLAVOR DEUCE OF FLORIDA, INC.

REINSTATEMENT 02-04

2. Principal Office Address	3. Mailing Office Address
2816 E. BEARSS AVENUE	2816 E. BEARSS AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33613-2853 Country: USA	Zip: 33613-2853 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/06/99

5. FEI Number: 59-3589888 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

7. Name and Address of Current Registered Agent

Name: MAZI SOOFI

Street Address (P.O. Box Number is Not Acceptable): 1327 FLAXWOOD AVENUE

Suite, Apt. #, Etc.:

City: BRANDON State: FL Zip Code: 33511

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ Date: 4-27-04

REGISTERED AGENT MUST SIGN

(NOT A MEMBER)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DIREC	TODD LITTERELLE	1301 N. HARRISON ST. APT. 1602	WILMINGTON, DE 19806
DIREC	MAZI SOOFI	1327 FLAXWOOD AV.	BRANDON, FL 33511

10. I certify that I am an officer or director of 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: MAZI SOOFI 4-27-04 813-910-1300

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

H04000091927 3

FLAVOR DEUCE OF FLORIDA, INC.
2816 E. BEARSS AV.
TAMPA, FL 33613

Please note that during the time the corporation was dissolved two separate correspondences were made by the State of Florida to the wrong address, and were both returned to sender. Subsequently after speaking to a representative from the state we were instructed that our filing fee would be four hundred and fifty dollars. This information is available on our account history.

Thank You,

Mazi Soofi

Please note also that the correct physical address is:
FLAVOR DEUCE OF FLORIDA, INC.
2816 E. BEARSS AV.
TAMPA, FL 33613
(813)910-1300
(813)910-1325
PLEASE MAKE ANY NECESSARY CHANGES TO ENSURE THE RECEIPT OF ANY CORRESPONDANCE.

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Fax Number : (850)205-0384

From:
Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

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CORPORATION REINSTATEMENT

FLAVOR DEUCE OF FLORIDA, INC.

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Page Count	02
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458.75

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