

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000053850

1. Entity Name
NORTHEAST FOOD, INCORPORATED



FILED

07 FEB 16 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1301 4TH AVE.
FT. LAUDERDALE, FL 33304

Mailing Address
1301 4TH AVE.
FT. LAUDERDALE, FL 33304

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

404-406 S. Powerline Rd.



REINSTATEMENT 06-07

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DEERFIELD Bch, FL

4. FEI Number

65-0936324

Applied For

Not Applicable

Zip

Country

Zip

33442

Country

USA

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

SAMAD, MOHAMMAD ABU
6570 W. ATLANTIC AVE.
DELRAY BEACH, FL 33446

Name

Jeffrey S. Currie

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

3345 SW 2nd St.

Deerfield Beach

City

↑

FL

Zip Code

33442

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

Jeffrey S. Currie

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

(NOTE: Registered Agent signature required when reinstating)

2/13/07

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

TITLE PD
NAME SOHID, MOHAMMED ☐ Delete
STREET ADDRESS 2801 FORSYTH AVE.
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE VPD
NAME KHAN, RANA ☐ Delete
STREET ADDRESS C/O FAMOUS DELI, 6570 W. ATLANTIC AVE.
CITY-ST-ZIP DELRAY BEACH, FL 33446

TITLE D
NAME UDDIN, NAZIM MD ☐ Delete
STREET ADDRESS 47, COUNTRY LAKE CIRCLE
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 700089584347
CITY-ST-ZIP 02/27/07--01020--018 **150.00

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 700089584347
CITY-ST-ZIP 02/27/07--01020--017 **150.00

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 700089584347
CITY-ST-ZIP 02/27/07--01020--019 **8.75

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

K. Eckel FEB 19 2007

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mohammad Sohail

MOHAMMAD SOHID

02-13-07

954-274-3080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #