## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## FILED DOCUMENT # P99000067959 **EDISON FOOD CORPORATION** 05 APR -7 PH 1: 46 SECRETALL LANE TALLAHASORE, FLORIDA Principal Place of Business Mailing Address 6643 NW 2ND AVENUE 6643 NW 2ND AVENUE MIAMI, FL 33150 MIAMI, FL 33150 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 65-0937758 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUSEN=MOHAMMAD-J-Street Address (P.O. Box Number is Not Acceptable) 6643 NW 2ND AVENUE MIAMI, FL 33150 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating DATE FILE NOW!!! FEE IS \$900.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, PTS TITLE ☐ Delete TITLE ☐ Change ☐ Addition HUSEIN, MOHAMMAD JAMIL NAME NAME STREET ADDRESS 6643 NW 2ND AVENUE STREET ADDRESS MIAMI, FL 33150 CITY-ST-ZIP CITY-\$1-ZIP VPD TITLE ☐ Delete TITLE HUSEIN, MOHAMMAD JAMIL NAME NAME STREET ADDRESS 6643 NW 2ND AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33150 CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -- □ Delēte HILLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dale

Daytime Phone #