

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

kel 2

**CORPORATION
REINSTATEMENT**



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

FILED

02 FEB -4 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA000092272

1. Corporation Name

West Grove Food Zone, Inc.
3360 S. Douglas Rd
MIAMI FL 33133

300004961513--8
-02/20/02--01060--017
****450.00 ****450.00

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida...

5. FEI Number

65-0955268

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

DAVID BROWN

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

3360 S. DOUGLAS RD.

Suite, Apt. #, Etc.

City

MIAMI FL

State
FL

Zip Code

33133

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

David G. Brown

REGISTERED AGENT MUST SIGN

Date

1/15/02

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
<u>P/T</u>	<u>DAVID BROWN</u>	<u>3360 S DOUGLAS RD.</u>	<u>MIAMI FL. 33133</u>
<u>S</u>	<u>ANN MARIE BROWN</u>	<u>3360 S DOUGLAS RD</u>	<u>MIAMI FL. 33133</u>

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:

David G. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-15-2002

Daytime Phone #

CR2E881 (9/01)

Val

**WEST GROVE FOOD ZONE, INC.
3360 S DOUGLAS RD
MIAMI, FL. 33133**

01/15/02

Florida Department of State
P. O. Box 6327
Tallahassee, FL. 32314

REF: DOC # -P99000092272

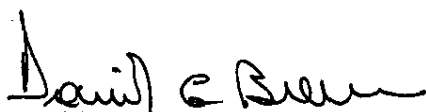
Dear Sir/ Madame;

Due to my illness during the year 2001, I did not receive the Uniform Business Report. I respectfully ask that the reinstatement fee be waived, as I am just starting my business since my illness.

Please find enclosed the check in the amount of \$ 450.00.

Thanking you kindly, I remain,

Sincerely, **1**


David Brown