

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB 18 AM 8:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000092272
1. Corporation Name
WEST GROVE FOOD ZONE, INC

REINSTATEMENT 03-04

2. Principal Office Address
3360 S. DOUGLAS RD
Suite, Apt. #, etc.

3. Mailing Office Address
3360 S. DOUGLAS RD
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33133
Country

Zip
33133
Country
USA

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
ANN MARIE BROWN

Street Address (P.O. Box Number is Not Acceptable)
3360 S. DOUGLAS RD

Suite, Apt. #, Etc.

City
MIAMI

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 Ann Marie Brown 01.27.2004
REGISTERED AGENT MUST SIGN

Date JAN 27 - 2004

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
P/T	ANN MARIE BROWN	3360 S. Douglas Rd	Mia FL 33133

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:

Ann Marie Brown 01.27.2004 305-567-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)