

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 24 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P99000094902

1. Corporation Name

TRIPLE A FOODS, INC.

REINSTATEMENT 01-03

400013033184

02/24/03--01060--010 **1058.75

2. Principal Office Address

8609 S. Bay Drive

Suite, Apt. #, etc.

3. Mailing Office Address

8609 S. Bay Drive

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32819

Country

U.S.A.

Zip

32819

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

10-27-1999

5. FEI Number

593608805

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

Azam M. Chowdhury

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

8609 S. Bay Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32819

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

A. A. Azam Chowdhury
REGISTERED AGENT MUST SIGN

Date 02/20/03

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, D	Azam M. Chowdhury	8609 S. Bay Drive	Orlando, FL 32819

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:

A. A. Azam Chowdhury
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/03
Date

407-484-1086
Daytime Phone #

CR2E081 (10/02)

js 2/26