
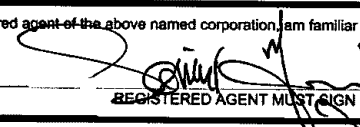
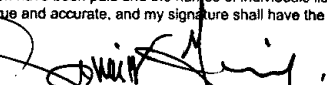


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | | |
|--|--|--|---------------------------|
| <div style="display: inline-block; text-align: center;"> CORPORATION REINSTATEMENT</div> <div style="display: inline-block; text-align: center; vertical-align: middle;">FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</div> | | FILED 01 SEP 20 AM 9:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| DOCUMENT # S73158 | | | |
| 1. Corporation Name Dina Food Corporation | | | |
| 2. Principal Office Address 2402 Sheridan Street Suite, Apt. #, etc. | | 3. Mailing Office Address 2402 Sheridan Street Suite, Apt. #, etc. | |
| City & State Hollywood, FL 33020 | | City & State Hollywood, FL 33020 | |
| Zip 33020 | Country USA | City & State Hollywood, FL 33020 | |
| 4. Date incorporated or Qualified To Do Business in Florida 08/14/91 | | 5. FEI Number 65-0281737 | |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | | Applied For Not Applicable | |
| 7. Name and Address of Current Registered Agent | | | |
| Name Samir Faraj | | | |
| Street Address (P.O. Box Number is Not Acceptable) 2402 Sheridan Street | | | |
| Suite, Apt. #, Etc. 100004611131-5 | | | |
| City Hollywood, | | | |
| State FL | | | |
| Zip Code 33020 | | | |
| 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  REGISTERED AGENT MUST SIGN Date 9-19-01 | | | |
| 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 |
| V P | Samir Faraj | 2402 Sheridan St. | Hollywood, FL 33020 |
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| 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:  , Vice President 9-19-01 (954) 923-1882 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | |

CR2E081 (8/00)