


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
07 JAN 24 PM 1:56  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 556038  
1. Corporation Name  
*Intercan Food Sales, Inc.*

200086685902  
01/30/07--01023--005 \*\*150.00  
**REINSTATEMENT 00-07**  
CR2E081 (12/05)

2. Principal Office Address <i>317 Nedbank Foreshore</i>		3. Mailing Office Address <i>9200 S. Dadeland Blvd.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i># 614</i>	
City & State <i>Heerengracht, Cape Town</i>		City & State <i>Miami, FL</i>	
Zip <i>8012</i>	Country <i>South Africa</i>	Zip <i>33156</i>	Country <i>USA</i>

4. Date incorporated or Qualified To Do Business in Florida <i>1/1/79</i>	Applied For
5. FEI Number <i>59-1857234</i>	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name *Nicholas S. Ferber*

Street Address (P.O. Box Number is Not Acceptable)  
*6015 Washington St.*

Suite, Apt. #, Etc. *Suite 200*

City *Hollywood*

State **FL** Zip Code *33023*

200086685902  
01/30/07 01023 006 \*\*165.00

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 *[Signature]* Date *1-18-07*

REGISTERED AGENT MUST SIGN

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
<i>PTSD</i>	<i>Cyril Ferber</i>	<i>9200 S Dadeland Blvd. #614</i>	<i>Miami, FL 33156</i>

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 contained in Chapter 119, 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: *Cyril S. Ferber* **CYRIL S. FERBER** *12-23-2006* \*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

\* 27-82-784-0066