

2006 FOR PROFIT CORPORATION REINSTATEMENT

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FILED

06 NOV 28 AM 8:28

DOCUMENT # J73898	
1. Entity Name CARLONE'S FOODS, INC.	



Principal Place of Business 8016 S W 81 DRIVE MIAMI, FL 33143-6609	Mailing Address 8016 S W 81 DRIVE MIAMI, FL 33143-6609
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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REINSTATEMENT

4. FEI Number 59-2838598	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent QUISPE, TOMAS 9754 SW 75 STREET MIAMI, FL 33173	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE <i>T. Quispe</i>	DATE 10/19/06
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FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD QUISPE, TOMAS 9754 SW 75 STREET MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200082100132 11/28/06--01034--008 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD QUISPE, GIOVANAA 9754 SW 75 STREET MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: <i>T. Quispe</i>	DATE 10/19/06
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2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # J73898

1. Entity Name
CARLONE'S FOODS, INC.



Principal Place of Business
**8016 S W 81 DRIVE
MIAMI, FL 33143-6609**

Mailing Address
**8016 S W 81 DRIVE
MIAMI, FL 33143-6609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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Country



11082006 REIN-P CR2E098 (11/05)

4. FEI Number
59-2838598

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**QUISPE, TOMAS
9754 SW 75 STREET
MIAMI, FL 33173**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10/19/06

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY- ST- ZIP
**PTD
QUISPE, TOMAS
9754 SW 75 STREET
MIAMI, FL 33173** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**SD
QUISPE, GIOVANAA
9754 SW 75 STREET
MIAMI, FL 33173** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/19/06

2 of 2

November 8, 2006
Miami, Florida.

Devision of Corporation
P.O.Box 1500
Tallahassee, FL. 32302-1500


RE: Annual Report 206
J73898
CARLONE'S FOODS INC

Attached for your record our check by \$150.00 covering the report of reference.

We never received this report our address is as follow:

8016 SW 81 DRIVE
Miami, FL.33143

Thank you for your attention to this matter.


Tomas Quispe
President