2006 FOR PROFIT CORPORATION REINSTATEMENT

_	REINST	FILED								
DOCUMENT # J73898 1. Entity Name CARLONE'S FOODS, INC.						06 NOV 28 FII 8: 28				
						1	i.A			
Principal Place 8016 S W 81 MIAMI, FL 33	DRIVE	Mailing Address 8016 S W 81 DRIVE MIAMI, FL 33143-6609			A TORENO DIM	1 Japan - Hina Haila Haina Hai Alaik Birak Bir	al m indii a'i b ii big ii dig	1(01 (4) 586 (
2. Principal P	ace of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc			Resid	NSTATE		A.P.		
City & State		City & State			4. FEI Number 59-283		-	plied For at Applicable		
Zip	Country	Zip	Countr	ΥY	1	of Status Desired	\$8.75 Add Fee Require	ditional		
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New Register	ed Agent			
QUISPE, T				Name						
9754 SW 75 STREET MIAMI, FL 33173				Sireet Address (P.O. Box Number is Not Acceptable)						
			ŀ	City FL Zip Code						
	named entity submits this statement to	or the purpose of changing its	registere	d office or registe	ered agent, or bo	th, in the State of Florida. I	am familiar with.	and accept		
the obligations of registered agent SIGNATURE Signature typed or profiled naterfor registery again and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE										
FIL	£ NOW!!! FEE IS \$150.00					In accordance with s.	607.193(2)(b).	F.S., the		
	uary 1, 2007, Fee will be \$300.	00				corporation did not rec				
10.	OFFICERS AND		11.		ADDITIONS.	CHANGES TO OFFICERS				
TITLE NAME	PTD QUISPE, TOMAS	☐ Delete	TITLE	1			Change .	Addition		
STREET ADDRESS	9754 SW 75 STREET SII		4	TAODRESS STZIP	11/2	0 008210 4 3/06010340	01 3.⊆ 08 **150	.00		
TITLE			TITLE				☐ Change	Addition		
NAME CIRCL ADDRESS	QUISPE, GIOVANAA		NAME							
STREET ADDRESS CITY-ST-ZIP				TADDRESS ST ZIP		•				
TITLE NAME STREET ADDRESS CITY: ST: ZIP		☐ Delete		l			Change	☐ Addition		
TIFLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	THE	1			☐ Change	☐ Addilion		
NAME STREET ADDRESS			NAME SIRFE	T ADDRESS						
CITY-ST-ZIP				ST ZIP		-				
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	☐ Addition		
STREET ADDRESS CITY+ST+ZIP			STREE	T ADDRESS ST ZIP						
HILE NAME		☐ Delete	THTLE NAME	.] .			☐ Change	☐ Addition		
STREET ADORESS CITY+ST+ZIP			STREE	T ADDRESS S1 - ZIP						
12. Thereby 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: + 9 / 10/19/06										
SIGNATURE AND TYPED OR PROTECTIONAME OF SIGNING OFFICER OR DIRECTOR Date Daysing Process										

2006 FOR PROFIT CORPORATION REINSTATEMENT

		KEIN	31A	EMENI			<u></u>					
DOCUMENT # J73898												
1. Entity Name						,						
CARLONE'S FOODS, INC.												
Principal Place of Business Mailing Address					•							
8016 S W 81 DRIVE			8016 S W 81 DRIVE									
MIAMI, FL 33143-6609				MIAMI, FL 33143-6609								
								IRRED INGLIGUE IZMALIRU		I SIBIL BIRN BIR	11 69) (1 1 69)	
Principal Place of Business Mailing Address												
							1 1881118 8111		B B() B B() B(8)	i nirii rieli niri		
Suite, Apt. #, etc.				Suite, Apt. #. etc.			11082006	REIN-P	CR2E09	98 (11/05)		
City & State				City & State			4. FEI Numbe				plied For	
Zip	Country Zip			Cour	ntry	59-2838	of Status Desired		\$8.75 Add			
	Name and Address of Current Registered Agent								ee Require	d		
	b. Name	and Address of	Current Re	gistered Agent		Name	7. Name and	Address of New R	legistered A	gent		
QUISPE, 1												
	9754 SW 75 STREET MIAMI, FL 33173					Street Address (P.O. Box Number is Not Acceptable)						
										7: 0:		
						City			FL	Zip Code		
The above the obligat	named entit tions of regis	ly submits this stat- tered agent.	ement for th	e purpose of changing	g its register	ed office or registe	ered agent, or bot	h, in the State of Flo	orida. Lam ta	amiliar with,	and accept	
_	_	<u></u>	1					(13)	9/00			
SIGNATURE.	Signature typed	or orinted into e of regis:	red agent and	ide if applicable	NOTE: Register	ed Agent signature requ	ired when reinstating)	10//	DATE			
			<u> </u>									
		FEE IS \$150.00 107, Fee will be	-				ļ	In accordance v				
				•								
10. TITLE	PTD	OFFICE	RS AND DIF		11.	1	ADDITIONS/	CHANGES TO OFF	ICERS AND			
NAME	QUISPE	TOMAS		☐ Delete	TITE	1				☐ Change	Addition	
STREET ADDRESS		75 STREET				LET ADDRESS						
CITY-ST-ZIP	MIAMI, FI	L 33173		•	CITY	ST ZIP						
TITLE	SD			☐ Delete	TITL	1				Change	☐ Addition	
NAME STREET ADDRESS		GIOVANAA 75 STREET			MAN	EET ADDRESS						
CITY ST-ZIP	MIAMI, FL					ST ZIP						
DILE	 			☐ Delete	TITL	F				Change	Addition	
NAME					NAM							
STREET ADDRESS						ET ADDRESS						
CHY ST ZIP					CITY	ST ZIP						
TITLE NAME				☐ Defete	IIIL	I				☐ Change	☐ Addition	
STREET ADDRESS					NAM S1RE	EET ADDRESS						
CITY-ST-ZIP						ST-ZIP						
MITE				☐ Delete	TITE:	ŧ i				Change	Addition	
NAME					MAM	te						
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CITY-ST-ZIP						-ST ZIP				Chance	□ Addition	
DILE Name				☐ Delete	TITE.	i i				☐ Change	☐ Addition	
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP						ST ZIP			<u> </u>			
12. Thereby	certify that th	e information supp	olied with thi	s filing does not qualit	y for the exe	emptions contained	d in Chapter 119,	Florida Statutes. I	further certif	y that the in	formation	
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 chapter do not not appear of the proposed												
changed, or on an attachment with an address, with all other like empowered.												
SIGNATURE:								10/17/0	٠			
		BIGNATURE AND T	YRED OR PRIN	TED NAME OF SIGNING OFF	CER OR DIREC	TOR		Date	Da	ytime Phone #		

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 Quispel

President