

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 SEP 14 PM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M37780

1. Corporation Name
FALLA FOOD SALES, INC.

Principal Place of Business

9361 SW 57TH TERR.
MIAMI FL 33173-1536

Mailing Address

9361 SW 57TH TERR.
MIAMI FL 33173-1536



Please indicate if any information is incorrect in any way, line through incorrect information and enter correction below.

2. Former Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/29/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number 59-2732049

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for FALLA, GREGORIO J. and FALLA, ISMAEL G.

REINSTATEMENT 96-99 TS

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-09/22/99--01098--004
***1200.00 ***1200.00

8. Name and Address of Current Registered Agent

FALLA, GREGORIO J.
9361 SW 57TH TERR.
MIAMI FL 33173-1536

9. Name and Address of New Registered Agent

Form for Name and Address of New Registered Agent with fields for Name, Street Address, Suite, City, State, Zip Code.

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent and Registered Agent MUST SIGN

Date September 13, 1999

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No []

(See other side for information on intangible tax.)

12. 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)(j), 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: Gregorio J. Falla
Date: 09/13/99
Daytime Phone #: (305) 447-0400

CR2E040 (7/96)