

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -7 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M37780

1. Corporation Name

**FALLA FOODS SALES, INC.
9361 S.W. 57 TERRACE
MIAMI, FL. 33173**

2. Principal Office Address

9361 SW 57 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33173

Country

3. Mailing Office Address

9361 S.W. 57 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33173

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

8/29/1986

5. FEI Number

59-2732049

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

GREGORIO FALLA

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

9361 S.W. 57 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33173

700024966547

11/24/03--01028--004 **600.00

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

REGISTERED AGENT MUST SIGN

Date

11/06/03

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
DPS	GREGORIO J. FALLA	9361 S.W. 57 TERRACE	MIAMI, FL. 33173
DVPT	ISMAEL G. FALLA	9361 S.W. 57 TERRACE	MIAMI, FL. 33173

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/06/03 (305) 6464348

Daytime Phone #

CR2E081 (10/02)

2012

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2002 UNIFORM BUSINESS REPORT (FIRST NOR SECOND NOTICE OF THE UBR). I HAVE NOT CHANGED MY PRINCIPAL OR MAILING ADDRESS SINCE I INCORPORATED.

I MADE A CHANGE IN BANKING ACCOUNTS WHEN I FOUND OUT THAT I WAS NOT ACTIVE WITH YOUR OFFICE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY



GREGORIO J. FALLA
PRESIDENT