PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR 14 PM 12:11

DOCUMENT # P00000001322

1. Corporation Name

VIA TROPICAL FRUITS, INC.

700068561847
03/24/06--01007--021 **1200.00

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
787 Seventh Avenue	787 Seventh Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New York, NY	City & State: New York, NY
Zip: 10019 Country: USA	Zip: 10019 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/05/2000

5. FEI Number: 65-0076423 ☑ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road REINSTATEMENT 03-06

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

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: Judith B. Argao Asst. Secretary & V. President Date: 3/13/06

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
P/D	Capelle, Hubert	919 Third Avenue	New York, NY 10022
D	Sobin, Larry	787 Seventh Avenue	New York, NY 10019
T	Clyne, Thomas	919 Third Avenue	New York, NY 10022
S	Shields, Robyn	787 Seventh Avenue	New York, NY 10019

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: Jan B. Lor 3/10/06 212 841 3744

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

M. Williams MAR 14 2006