
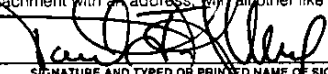


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000010915			
1. Entity Name DIMARE FRESH, INC.			
Principal Place of Business 258 NW 1ST AVE FLORIDA CITY, FL 33034		Mailing Address 258 NW 1ST AVE FLORIDA CITY, FL 33034	
2. Principal Place of Business		3. Mailing Address P.O. Box 900460	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State HOMESTEAD, FL	
Zip		Zip 33090-0460	
Country		Country	
		03232005 REIN-P CR2E098 (6/04)	
		4. FEI Number 42-1570485	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SACHER, CHARLES P C/O SACHER, MARTINI & SACHER, P.A. 2655 LEJEUNE ROAD STE 1101 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$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: D <input type="checkbox"/> Delete NAME: DIMARE, PAUL J STREET ADDRESS: 258 NW 1ST AVE CITY-ST-ZIP: FLORIDA CITY, FL 33034	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: DIMARE, PAUL J. STREET ADDRESS: 258 NW 1ST AV CITY-ST-ZIP: FLORIDA CITY, FL 33034	TITLE: V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: FOLWELL, RONALD L. STREET ADDRESS: 258 NW 1ST AV CITY-ST-ZIP: FLORIDA CITY, FL 33034	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: TAYLOR, CHERIE A. STREET ADDRESS: 1049 AVENUE H EAST CITY-ST-ZIP: ARLINGTON, TX 76011
TITLE: D <input type="checkbox"/> Delete NAME: DIMARE, ANTHONY J STREET ADDRESS: 258 NW 1ST AVE CITY-ST-ZIP: FLORIDA CITY, FL 33034	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: JANKE, ERIC STREET ADDRESS: 1049 AVENUE H EAST CITY-ST-ZIP: ARLINGTON, TX 76011	400050094164 04/07/05--01014--009 **300.00	
TITLE: D <input type="checkbox"/> Delete NAME: DIMARE, SCOTT M STREET ADDRESS: 258 NW 1ST AVE CITY-ST-ZIP: FLORIDA CITY, FL 33034	J2415 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		PAUL J. DIMARE 03-23-05 305-245-4211	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	

FILED
05 MAR 29 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05