## 2006 FOR PROFIT CORPORATION REINSTATEMENT

changed, or on an attachment with an address, with all other like empowered

RE AND TYPED OR PRINTED NAME OF

SIGNATURE: ≤

PAREION

FILED DOCUMENT # P05000145405 2006 NOV 27 PH 12: 27 SOUTH FLORIDA GROCERY DISTRIBUTOR, INC. SECRETARIA DI MATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address P.O. BOX 162025 90142 950 150 P.O. BOX 162025 MIAMI, FL 33116 MIAMI, FL 33116 2. Principal Place of Business 3. Mailing Address <u>5529 NW</u> 72 and <u>5529 NW 72 and</u> CR2E098 (11/05) 11062006 REIN-P Applied For 4. FEI Number 20-3723852 City & State City & State iam diami Not Applicable \$8.75 Additional 5. Certificate of Status Decired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAW OFFICE OF HERNAN HERNANDEZ, P.A. Street Address (P.O. Box Number is Not Acceptable) 1431 PONCE DE LEON BLVD., CORAL GABLES,, FL 33134 Zip Code FL 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. Signature, typed or printerlinairs, of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2007, Fee will be \$300.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11, P/D TITLE Delete HILE Change Addition BLANCO, JOSUE A NAME NAME STREET ADDRESS P.O. BOX 162025 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33116 CITY-S1-ZtP VP/D TITLE ☐ Change ■ Addition TITLE 🔀 Delete NAME SANTANA, MANUEL O NAME STREET ADDRESS P.O. BOX 162025 STREET ADDRESS MIAMI, FL 33116 CITY-ST-ZIP City-St-ZiP TITLE TITLE ☐ Addition Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE Deleté TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not quality 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

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November 21, 2006

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

RE: South Florida Grocery Distributors, Inc

Document#: P05000145405

South Florida Grocery Distributors has received a notice of Dissolution or Revocation due to the previous annual report missing the Document number. SFGD, Inc. has never received prior notice regarding this matter. Our records indicate an amount of \$150.00 dollars was disbursed for the 2006 annual report. Please accept this letter as part of the reinstatement process since SFGD, Inc. was aware of this issue.

Should have any questions, please do not hesitate to contact our office at 305-885-0212.

Sincerely,

Josue Blanco President