


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 01 OCT 22 AM 11:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P9700000617

1. Corporation Name
CRUZ DELIVERY SERVICE, INC.

Principal Place of Business	Mailing Address
4454 NW 74 AVE. MIAMI FL 33126 US	9404 S.W. 8TH TERR. MIAMI FL 33174 US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 764 NW 29 ST Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 01/03/1997
City & State MIAMI, FL	City & State	5. FEI Number 65-0726861
Zip 33127	Country DADE	Applied For Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	CRUZ, ALFREDO	7164 NW 50TH ST	MIAMI FL 33166
D	CRUZ, PATRICIA	7164 NW 50TH ST	MIAMI FL 33166

8. Name and Address of Current Registered Agent CRUZ, PATRICIA 7164 NW 50 ST MIAMI FL 33166	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL
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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: *[Signature]* Date: 10-16-01
 REGISTERED AGENT MUST SIGN

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]* Date: 10-16-01 Daytime Phone #: 305 871-1616

CR2E040 (8/01)

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Cruz Delivery Service

9404 SW 8th Terr
Miami, FL 33174
BPR: 305-210-8436 / Tel: 305-876-1481



Miami, Florida
October 16, 2001

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. BOX 6327
Tallahassee, Fl 32314-6327
Attn: Mr. Sean Toner

Dear Sir,

Please be advised that we did not receive the original notice and your July correspondence.

Thank you very for all help,

Sincerely,

Patricia Cruz

A handwritten signature in cursive script, appearing to read 'Patricia Cruz', written over the printed name.