


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		(((H02000029752 1)))	
DOCUMENT # P99000000818					
1. Corporation Name DUARTE PRODUCES CORP.					
2. Principal Office Address 2101 NW 15TH AVENUE Suite, Apt. #, etc.		3. Mailing Office Address 2101 NW 15TH AVENUE			
City & State MIAMI, FL.		City & State MIAMI, FL.			
Zip 33155	Country U.S.A.	Zip 33155	Country U.S.A.	4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 65-0888461 Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

APPROVED AND FILED
 02 FEB -5 PM 12:16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 REINSTATEMENT 2002-2002

7. Name and Address of Current Registered Agent		
Name EDELMIRO DUARTE		
Street Address (P.O. Box Number is Not Acceptable) 2101 NW 15TH AVENUE		
Suite, Apt. #, Etc.		
City MIAMI	State FL	Zip Code 33155

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of Registered Agent: Edelmiro Duarte Date: 02/05/02

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	EDELMIRO DUARTE	2101 NW 15TH AVENUE	MIAMI, FL. 33155

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 807 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 807.0401 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)(f), 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: Edelmiro Duarte Date: 02/04/02 ((H02000029752 1)))
 (305) 326-1040

Division of Corporations

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : ANA DALMAU ARES, P.A.
Account Number : I20000000268
Phone : (305)229-8256
Fax Number : (305)229-8252

CORPORATION REINSTATEMENT

DUARTE PRODUCES CORP.

Certificate of Status	0
Certified Copy	0
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