


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P990000105480			
1. Corporation Name NR. Latin Foods International INC.			
2. Principal Office Address 13957 SW 91 Ter Suite, Apt. #, etc. ---		3. Mailing Office Address 13957 SW 91 Terrace. Suite, Apt. #, etc. ---	
City & State Miami - Florida		City & State Miami - Florida	
Zip 33186	Country USA	Zip 33186	Country USA

FILED
 01 AUG 31 PM 2:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida 12-02-1999	Applied For Not Applicable
5. FEI Number 65-0971220	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

[Handwritten Signature] 00-01

7. Name and Address of Current Registered Agent	
Name Derly Y. Cano	
Street Address (P.O. Box Number is Not Acceptable) 13957 South West 91 Terrace.	
Suite, Apt. #, Etc. ---	
City Miami	State Zip Code FL 33186

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 Derly Cano	Date Jan 22/01
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/M	Derly Cano	13957 SW 91 Terrace	Miami / Florida / 33186
			600004588646-6 -09/14/01--01054--005 *****8.75 *****8.75

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 under section 119.07(3)(l), 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: Derly Cano	Derly Cano	Date Jan 22/01	Daytime Phone # (305)388 76 43
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E081 (9/00)