## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING APPR FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham **FOR** Secretary of State REINSTATEMENT 1976 NOV 12 AM 9: 48 **DIVISION OF CORPORATIONS** DOCUMENT # SECRETARY OF STATE TALLAHASSEE. FLORIDA 1. Corporation Name CELESCO FOODS, INC. Principal Place of Business Mailing Address 4211 N HARDOR DLVD. SC24\_3434\_63 CANTA-ANA-CA 00700-ALIEBOOK TX 70424 If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Malling Office Address, If Applicable 22004 VAN BUREN ST Suite, Apt. #, etc. 2. New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 22004 VAN BUREN ST 10/14/1992 Suite, Apt. #, etc. 5. FEI Number Applied For .\* City & State 59-3145**602**:: City & State Not Applicable GRAND TERRACE. CA GRAND TERRACE, CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Title(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip VT MIRARCHIL JOSEPH F. <del>4006-747H-9</del>7-HARBOOK TX 9330 HOT SPRINGS CORONA. **PS** MIRARCHI, TERESA A. CO25-74TH-ST. HJ8886K-TX-9330 HOT SPRINGS RD CORONA. D MIRARCHI, CELESTINO 6421 HARVARD CIR HUNTINGTON BEACH CA 500002007855--1 11/19/96--01081--004 \*\*\*\*383.75 \*\*\*\*383.75 6. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name MARSHALL JOHN F. SR. Street Address (P.O. Box Number is Not Acceptable) 22 BAY DRIVE NE FT WALTON BCH FL 32548 Suite, Apt. #, Etc.

10. 1, 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 Date //-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No State Zip Code

| State Zip Code | FL | Zip Code | Zip C

12. 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 filling 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:

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11-10-94 909-370-1224