

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



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

FILED

01 JAN -5 PM 12: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 99000084824

1. Corporation Name

THE ST KATHY FROD, INC.

100003536771--2

-01/16/01--01017--003

****150.00 ****150.00

100003536771--2

-01/16/01--01017--004

****150.00 ****150.00

2. Principal Office Address

622 NE 8 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

HALLANDALE FL

City & State

Zip

33009

Country

BROWARD

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09-24-1999

5. FEI Number

65-0951851

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KATIA A. SALA

Street Address (P.O. Box Number is Not Acceptable)

622 NE 8 STREET

Suite, Apt. #, Etc.

City

HALLANDALE

State
FL

Zip Code

33009

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

Katia A. Sala

Date 12/26/2000

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/D	RODOLFO BERNARDO GOMEZ	622 NE 8 STREET	HALLANDALE FL 33009
S/D	KATIA A. SALA	622 NE 8 STREET	HALLANDALE FL 33009

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)(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:

Katia A. Sala

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/26/2000

Daytime Phone #

CR2E081 (9/99)

282

Pedro Enrique Soria

Since 1989

Notary Public & Accountant
psoria@assoc-business.com

Microsoft ATC
www.assoc-business.com

600 W. Hallandale Bch. Blvd. #6
Hallandale FL 33009
Ph/ (954) 455.0701 Fax (954) 455.0786

State of Florida
Dep't. of State
Div. of Corporation
P. O. Box 6327
Tallahassee, FL 32314

December 26, 2000

Ref: Reinstatement of: The Best Latin Food, Inc.

Document # P99000084824

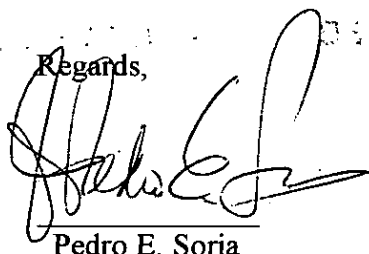
To whom it may concern:

I, acknowledge that my client has been move of business location and at the same time he did
--- notify to Div. of Corporation the new-business-address: 622-NE 8th Street - Hallandale, FL
33009.

I, making a motion to: Corporation Reinstatement, and request to void fees.
We do not get any form in the mail for wrong delivery. Enclose is the check # 2316072655
\$ 150.00 for the period 2000 and also we are sending other check # 2316072666 for the
period of 2001. \$ 150.00.

We are sending extra copy to be stamped and send back to my attention for file,
and don't hesitate to call me for any question and thank you for your consideration.

Regards,



Pedro E. Soria