1of2

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
06 NOV 28 AM 8:28

DOCUMENT # J73898

1. Entity Name
CARLONE'S FOODS, INC.

Principal Place of Business	Mailing Address
8016 S W 81 DRIVE MIAMI, FL 33143-6609	8016 S W 81 DRIVE MIAMI, FL 33143-6609

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

REINSTATEMENT

4. FEI Number: 59-2838598 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
QUISPE, TOMAS 9754 SW 75 STREET MIAMI, FL 33173	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: T Q [signature] 10/19/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD QUISPE, TOMAS 9754 SW 75 STREET MIAMI, FL 33173 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition 200082100132 11/28/06--01034--008 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD QUISPE, GIOVANAA 9754 SW 75 STREET MIAMI, FL 33173 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: T Q [signature] 10/19/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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11082006 REIN-P CR2E098 (11/05)

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City & State		City & State	
Zip	Country	Zip	Country

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SIGNATURE: T G 10/19/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

November 8, 2006
Miami, Florida.

Devision of Corporation
P.O.Box 1500
Tallahassee, FL. 32302-1500

RE: Annual Report 206
J73898
CARLONE'S FOODS INC

Attached for your record our check by $150.00 covering the report of reference.

We never received this report our address is as follow:

8016 SW 81 DRIVE
Miami, FL.33143

Thank you for your attention to this matter.

Tomas Quispe
President