

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000000436

Name and Mailing Address

03 JAN 22 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0000021 01 FP 0.352 \*\*PRSRT T1 0 0615 33131-233250



CORPORATE FOOD, LLC  
200 S. BISCAYNE BLVD., STE. 200  
MIAMI FL 33131-2332



<b>2. New Mailing Address</b> SAME City, State, Zip		<b>4. State/Country of Formation</b> FL	
<b>3. New Principal Place of Business Address</b> 200 S. BISCAYNE BLVD., STE. 200 MIAMI FL 33131 City, State, Zip		<b>3. Date Organized or Qualified To Do Business in Florida</b> 01/09/2001	
<b>6. FEI Number</b> 91-2095410		<b>Applied For</b> Not Applicable	
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>8. Name and Address of Current Registered Agent</b> GONZALEZ, EUGENIO 15527 SW 62ND TERRACE MIAMI FL 33193		<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.</b> Signature of Registered Agent  Date 12/16/02 REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P/D	EUGENIO GONZALEZ	15527 S.W. 62 TERR.	MIAMI, FL. 33193 MGR
S/D	LORENZO GONZALEZ	15527 S.W. 62 TERR.	MIAMI, FL. 33193 MGR
		400009667764 12/24/02-01029-002 **150.00 AL	
		REINSTATEMENT 2002	

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Date 12/16/02 Daytime Phone (305) 374-8444

Typed or printed name of signing Managing Member/Manager