

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -3 PM 3:47

DOCUMENT # 845209

1. Corporation Name

LA ROSA DEL MONTE EXPRESS, INC.

Principal Place of Business

Mailing Address

1133-1135 Tiffany Street
Bronx, NY 10459

(same)

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

same as above

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

same as above

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

2-12-80

5. FEI Number

13-2673658

Applied For
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/S/T/D	HIRAM RODRIGUEZ	1133-1135 Tiffany Street	Bronx, NY 10459
			600002980506--0 -02/07/00--01100--001 ****1200.00 ****1200.00
			600002980506--0 09/08/99 01038--007-- *****70.00 *****70.00

8. Name and Address of Current Registered Agent

Bruce M. Margulies
16105 NE 18th Ave.
North Miami Beach, FL 33162

9. Name and Address of New Registered Agent

Name
Thomas G. Alberts, Esq.
Street Address (P.O. Box Number is Not Acceptable)
300 Aragon Ave., Suite 250
Suite, Apt. #, Etc.
City
Coral Gables
State
FL
Zip Code
33134

10. I, 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

Thomas G. Alberts
REGISTERED AGENT MUST SIGN

Date 2-1-00

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

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 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:

HIRAM RODRIGUEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/00 (718) 991 3300
Date Daytime Phone #

REINSTATEMENT 97-2000