

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 OCT 24 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 845209

1. Corporation Name

LA ROSA DEL MONTE EXPRESS, INC.

2. Principal Office Address

1133-35 TIFFANY STREET

Suite, Apt. #, etc.

City & State

BRONX, NY

Zip

10459

Country

3. Mailing Office Address

1133-35 TIFFANY STREET

Suite, Apt. #, etc.

City & State

BRONX, NY

Zip

10459

Country

REINSTATEMENT 01-03

4. Date Incorporated or Qualified
To Do Business in Florida

2/12/80

5. FEI Number

13-2673658

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HAROLD GIRADO

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

7600 N.W. 68th STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/16/03

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
President	HIRAM RODRIGUEZ	1133-35 TIFFANY STREET	BRONX, NY 10459

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/03

Date

718-991-5560

Daytime Phone #

CR2E061 (10/02)