

APPLICATION  
FOR  
REINSTATEMENT

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

FILED

00 MAY 26 PM 12:09

DOCUMENT # **F74947**

1. Corporation Name

**MIAMI FOOD SUPPLY CORP.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

8301 NORTHWEST 27TH AVENUE  
MIAMI FL 33147-4156

Mailing Address

8301 NORTHWEST 27TH AVENUE  
MIAMI FL 33147-4156

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/05/1982

5. FEI Number

59-2384260

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MARRERO, GERTRUDIS L	8301 N.W. 27TH AVENUE	MIAMI FL 33147

000003299390--9  
-06721700-01087-005  
\*\*\*\*\*900.00 \*\*\*\*\*900.00

8. Name and Address of Current Registered Agent

GELBER, RONALD CPA  
285 NW 199TH ST #204  
MIAMI FL 33169

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

5-23-2000

11. 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

Date

Daytime Phone #

5-23-2000

(305) 693-1740