

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION FOR REINSTATEMENT~~
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F83457**
1. Corporation Name
FAMILY FOOD DISTRIBUTORS, CORPORATION

Principal Place of Business Mailing Address
1335 WEST WASHINGTON ST ORLANDO FL 32805
1335 WEST WASHINGTON ST ORLANDO FL 32805

2. New Principal Office Address, if Applicable
3. New Mailing Office Address, if Applicable
4. Date Incorporated or Qualified To Do Business in Florida **06/02/1982**
5. FEI Number **59-2196348**
6. CERTIFICATE OF STATUS DESIRED \$9.75 Additional Fee required for a Certificate of Status.

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Sandra M. Estevez Restrepo	3307 Southwest 26 place Cape Coral Florida 33914	Cape Coral, Florida 33914
PS	Jose Luis Estevez	1308 West Princeton St.	Orlando Florida 32804
			500003533865-1 -01/11/01--01108--002 ***150.00 ***150.00
			7 SF

8. Name and Address of Current Registered Agent
ECONOMIA MANU
1308 WEST PRINCETON DR.
ORLANDO FL 32812

9. Name and Address of New Registered Agent
Name **JOSE ESTEVEZ**
Street Address (P.O. Box Number is Not Acceptable)
1308 WEST PRINCETON ST
Suite, Apt. #, Etc.
City **ORLANDO** State **FL** Zip Code **32804**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.
Signature of Registered Agent *[Signature]* Date **12/29/00**
REGISTERED AGENT MUST SIGN

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 112.07(3)(b), 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]* **JOSE ESTEVEZ** Date **12/29/00** Daytime Phone **(407) 849-0041**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FAMILY FOOD DISTRIBUTORS, CORP.
1335 W WASHINGTON STREET
ORLANDO, FL 32805

October 10, 2000

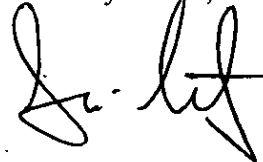
Florida Dept. Of State
Katherine Harris
Secretary of State
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To Whom It May Concern:

This letter is to explain the reason the annual report was not filed on time. In January of this past year we purchased the above mentioned corporations stock and assets from Manuel Espinosa. We never received the annual report or the report must have been sent to Mr. Espinosa and not forwarded to us for response. We respectfully request that the reinstatement fee be waived due to the circumstances.

Thank you for your understanding.

Sincerely Yours,



Jose L. Estevez
President

Encl.

DM/dr