PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR~· ' REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

F83457 DOCUMENT #

1. Corporation Name

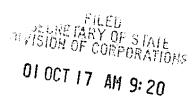
FAMILY FOOD DISTRIBUTORS, CORPORATION

Principal Place of Business

Mailing Address

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1335 WEST WASHINGTON ST 1			1335 West 1 Orlando Fi				REINSTATEMENT 01		
				ling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida O6/02/1982			
Suite, Apt. #, etc. Suite, Apt.				f, etc.		5. FEI Number	er OO/C	Applied For	
City & State City &			City & State	& State			59-2196348 Not Applicable		
Zip	Country Country		Zip Cour		ountry		CERTIFICATE OF STATUS DESIRED States for a Certificate of Status		
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Flo	orida nonprofit co	orporations must list at le	ast 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
PD	RESTREPO, SANDRA M			3307 SOUTHWEST 26TH PLACE		CAPE CORAL FL 33914			
SD	ESTEVEZ, JOSE L			1308 WEST PRINCETON ST			ORLANDO FL 32804		
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					*	// Not	0 00046544 -10/26/0101	102 023010	
						4	****/50.00	****750.00	
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent				
ESTEVEZ, JOSE 1308 WEST PRINCETON ST ORLANDO FL 32804				Name JOSE ESTEVEZ Street Address (P.O. Box Number is Not Acceptable) SOZ 9 CITY ST Suite, Apt. #, Etc. APT 1814 City ORLANDO State Zip Code FL 32839					
10. I, being Signature o Registered		e registered agent of the at	ove named corporate and corpor	#	ilar with and accept the o		Date 10 15 0	1	

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 filling 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.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR