

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 17 AM 9:20

DOCUMENT # **F83457**

1. Corporation Name

FAMILY FOOD DISTRIBUTORS, CORPORATION

Principal Place of Business

% MANUEL ESPINOSA
1335 WEST WASHINGTON ST
ORLANDO FL 32805

Mailing Address

% MANUEL ESPINOSA
1335 WEST WASHINGTON ST
ORLANDO FL 32805



REINSTATEMENT 01

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

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2196348

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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	RESTREPO, SANDRA M	3307 SOUTHWEST 26TH PLACE	CAPE CORAL FL 33914
SD	ESTEVEZ, JOSE L	1308 WEST PRINCETON ST	ORLANDO FL 32804
			00004654410--2 -10/26/01--01023--010 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

ESTEVEZ, JOSE
1308 WEST PRINCETON ST
ORLANDO FL 32804

9. Name and Address of New Registered Agent

Name
JOSE ESTEVEZ
Street Address (P.O. Box Number is Not Acceptable)
5029 CITY ST
Suite, Apt. #, Etc.
APT 1814
City
ORLANDO
State
FL
Zip Code
32839

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 10/15/01

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:

JOSE ESTEVEZ

10/15/01

407-849-0041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/01)