

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

paper



APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 JAN 14 PM 2:27

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

Principal Place of Business Mailing Address
% MANUEL ESPINOSA **% MANUEL ESPINOSA**
1335 WEST WASHINGTON ST **1335 WEST WASHINGTON ST**
ORLANDO FL 32805 **ORLANDO FL 32805**



300010079443
 01/14/03--01061--015 **300.00

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/02/1982	
City & State		City & State		5. FEI Number	
Zip		Zip		59-2196348	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 28TH PLACE	CAPE CORAL FL 33914
SD	ESTEVEZ, JOSE L	1308 WEST PRINCETON ST	ORLANDO FL 32804

02-03 UBR 18

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ESTEVEZ, JOSE 5029 CITY ST APT 1814 ORLANDO FL 32839		Name JOSE ESTEVEZ Street Address (P.O. Box Number is Not Acceptable) 1335 W. WASHINGTON ST Suite, Apt. #, Etc. City ORLANDO	
		State FL	Zip Code 32805

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. or 617.0505, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date **1/9/03**
 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 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]* **SIGNATURE REQUIRED** Date **1/9/03** Daytime Phone # **407-849-0041**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/02)

Page 2 of 2

Family Foods Distributors

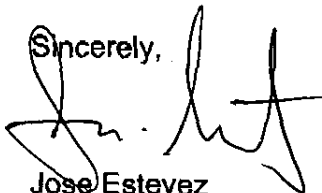
**1335 West Washington Street
Orlando, FL 32805
407-849-0041**

January 9, 2003

To Whom It May Concern:

Unfortunately, the previous notices were not received by us here at Family Foods. We request that you waive the penalty. Enclosed is the \$300 fee for 2002 and 2003. Thank you very much.

Sincerely,



Jose Estevez
Secretary