


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUL 22 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F9300000-3501

1. Corporation Name

Gonzalez and Tapanes Foods, Inc.

2. Principal Office Address

230 Moonachie Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

230 Moonachie Avenue

Suite, Apt. #, etc.

City & State

Moonachie, New Jersey

City & State

Moonachie, New Jersey

Zip

07047

Country

USA

Zip

07047

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/30/93

5. FEI Number

22-3243681

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Co.

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Elizabeth R. Komerzny
REGISTERED AGENT MUST SIGN

Date 7-15-03

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|-----------|--------------------------------------|---|--------------------|
| FF vTB | Francelia M. Pena | 868 N.W. 21st Terrace | Miami, FL 33127 |
| PB | Juan C. Pena | 868 N.W. 21st Terrace | Miami, FL 33127 |
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10. 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:

Juan C. Pena
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Juan C. Pena

7/15/03

954-545-0044

Daytime Phone #

CR2E081 (10/02)

22 7/23