

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP 24 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000001294**
1. Corporation Name
IBERIA FOODS CORP

300041606663
10/05/04--01040--016 **1058.75

REINSTATEMENT 03-04

2. Principal Office Address
12300 NW 32ND AVE
Suite, Apt. #, etc.

3. Mailing Office Address
143 SOUTH ROAD
Suite, Apt. #, etc.

City & State
MIAMI FLORIDA
Zip
33167
Country
USA

City & State
MILTON NY
Zip
12547
Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida
5/24/96

5. FEI Number
22-3272956
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
United Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
9200 South Dadeland Blvd.

Suite, Apt. #, Etc.
Suite 508

City
Miami

State
FL
Zip Code
33156

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 **[Signature]**
REGISTERED AGENT MUST SIGN

Date **9/21/2004**

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
PRES	ERIC MILLER	1900 Linden Blvd. Brooklyn NY 11201	BROOKLYN N.Y
CFO	WILLIAM SCHNEIBL	11 PINEHURST CT NEW BRITAIN CT 06051	NEW BRITAIN CT

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/17/04 718-271-1900

CR2E081 (10/02)

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