FILED 42

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07 APR -3 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000005989

1. Corporation Name
VISTA FOOD EXCHANGE, INC.

REINSTATEMENT

03-07 CR2EC021 (9/02) EP

2. Principal Office Address	3. Mailing Office Address
850 POP TILTON PLACE	B-101, HUNTSPOINT CO-OP MARKET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JENSEN BEACH, FL	City & State: BRONX, NY
Zip: 34957 Country: UNITED STATES	Zip: 10474 Country: UNITED STATES

4. Date Incorporated or Qualified To Do Business in Florida: 1/18/1999

5. FEI Number: 11-2518126 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: MIKE CILURSO

Street Address (P.O. Box Number is Not Acceptable): 850 POP TILTON PLACE

Suite, Apt. #, etc.

City: JENSEN BEACH, FL State: FL Zip Code: 34957

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Michael Cilurso Date: 3/26/7
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	VINCENT L. PACIFICO, JR.	83 MICHIGAN AVENUE	MASSAPEQUA, NY 11758
DVP	THOMAS RYAN	2172 POE AVENUE	EAST MEADOW, NY 11554
DS	SEYMOUR ADELSON	201 E. 79TH STREET	NEW YORK, NY 10021

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: Vincent Pacifico, Pres 3/26/7 718-542-4441
SIGNATURE AND TYPED OR PRINTED NAME OF RESIDENT OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212)431-5000
Fax Number : (212)431-1441

CORPORATION REINSTATEMENT

VISTA FOOD EXCHANGE, INC.

Certificate of Status	0
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