

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
**DO USE**  
REINSTATEMENT



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

DOCUMENT # **H56235**

1. Corporation Name

**UNIVERSAL FOOD AND DAIRY PRODUCTS, INC.**

Principal Place of Business

Mailing Address

2175 N.W. 24TH AVENUE  
MIAMI FL 33142

2175 N.W. 24TH AVENUE  
MIAMI FL 33142

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/09/1985

5. FEI Number

59-2762313

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	DIAZ, DORIS C	489 SE 6TH ST	HIALEAH FL 33010
V	DIAZ, ALBERTO	489 SE 6TH ST	HIALEAH FL 33010
S	<del>DIAZ, ADALBERTO</del>	<del>489 SE 6TH ST</del>	<del>HIALEAH FL</del>
T	DIAZ, DORA M	489 SE 6TH ST	HIALEAH FL
			900003436219-5 -10/24/00-01020-021 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DIAZ, ADALBERTO J  
489 SE 6TH ST  
HIALEAH FL 33010

Name

DORIS C. DIAZ

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

580 EAST DRIVE

Suite, Apt. #, Etc.

City

Miami Springs

State

FL

Zip Code

33166

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

10/11/00

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/11/00

Daytime Phone #

10/11/00.

To Whom It May Concern:

I apologize for not filing on time for the corporation. My Dad Adolberto Diaz passed away and it has been hard to face it. I didn't want to deal with taking his name off. Please if possible waive the penalties under the circumstances but if not I understand. Please let me know then what additional amount I need to pay.

Thank you.

Love  
Roy