

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

96 NOV 21 AM 8:25

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**

DOCUMENT # H75526

1. Corporation Name
LA ROSA DEL MONTE EXPRESS (FLORIDA), INC.

Principal Place of Business	Mailing Address
C/O MARGULIES & RONES, P.A. 16105 N.E. 18TH AVENUE NO. MIAMI BEACH FL 33162	C/O MARGULIES & RONES, P.A. 16105 N.E. 18TH AVENUE NO. MIAMI BEACH FL 33162



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

REINSTATEMENT
 Incorporated or Qualified To Do Business in Florida **09/11/1985**

5. FEI Number **22-2705506**

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	RODRIGUEZ, HIRAM	1426 ROOSEVELT AVE.	PELHAM MANOR NY
D	RODRIGUEZ, ISABEL	1426 ROOSEVELT AVE.	PELHAM MANOR NY
AS	GUTTEREZ, ENRIQUE	8868 S.W. 6TH STREET	MIAMI FL 33174
			400002013614--5 -11/26/96-01024-004 ***375.00 ***375.00
			<i>B/1-22-96</i>

8. Name and Address of Current Registered Agent

RONES, VICTOR K
16105 N.E. 18TH AVENUE
NORTH MIAMI BEACH FL 31624

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL Zip Code

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]

REGISTERED AGENT MUST SIGN

Date

11/18/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]

11/22/96