

APPLICATION FOR REINSTATEMENT



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

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H75526

1. Corporation Name

LA ROSA DEL MONTE EXPRESS (FLORIDA), INC.

Principal Place of Business

Mailing Address

7675 N.W. 66th Street  
Miami, FL 33166

SAME

**REINSTATEMENT 99-00**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable (See Above)

3. New Mailing Office Address, If Applicable (See Above)

4. Date Incorporated or Qualified To Do Business in Florida

9/11/85

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

22-2705506

Applied For

City & State

City & State

DC Not Applicable

Zip

Country

Zip

Country

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)

1. Titles	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
S, T	Hiram Rodriguez	1133-35 Tiffany Street	Bronx, NY 10459
			200003171552-8 -03/15/00--01098--006 ***988.75 ***988.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Victor K. Rones  
6105 N.E. 18th Avenue  
North Miami Beach, FL 33162-4749

Name  
Thomas G. Alberts, Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
300 Aragon Avenue  
Suite, Apt. #, Etc.  
suite 250  
City  
Coral Gables,  
State  
FL  
Zip Code  
33134

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

*Thomas G. Alberts*  
REGISTERED AGENT MUST SIGN

Date February 22, 2000

1. 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.)

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: *Hiram Rodriguez* Hiram Rodriguez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/02 911 3300 (78)  
Date Daytime Phone #

CR2E010 (12/04)