PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 MAR -8 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 99-00

DOCUMENT # H75526

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

Principal Place of Business
7675 N.W. 66th Street
Miami, FL 33166

Mailing Address
SAME

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)
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
(See Above)
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida 9/11/85

5. FEI Number 22-2705506 | Applied For [ ] | Not Applicable [X]

6. CERTIFICATE OF STATUS DESIRED [X] — $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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
S,T,	Hiram Rodriguez	1133-35 Tiffany Street	Bronx, NY 10459
			200003171552--5 -03/15/00--01098--006 ****900.75 ****900.75

8. Name and Address of Current Registered Agent
ictor K. Rones
6105 N.E. 18th Avenue
rth Miami Beach, FL 33162-4749

9. Name and Address of New Registered Agent
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.

Agent: Thomas G. Alberts — REGISTERED AGENT MUST SIGN — Date February 22, 2000

i. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032; Florida Statutes. Yes [ ] No [X] (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 — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 3/3/02 — Daytime Phone # 991 3300 (78)

CR2E040 (12/96)