

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR *OR*
REINSTATEMENT



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

DOCUMENT # **K20816**

1 Corporation Name

Fru-Veg marketing, Inc.

Principal Place of Business

**2300 NW 102 Ave.
Miami, FL 33172**

Mailing Address

**P.O. Box 450464
Miami, FL 33126**

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

4/12/1988

5 FEI Number

65-0048731

Applied For

Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☐

\$8.75 per year for each corporation
to be reinstated after 12 months

REINSTATEMENT 99

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/p	Conchita Espinosa	21 SW 19 Road	Miami, FL

000003059590--4
-12/03/99-01015-010
******750.00 ****750.00**

8. Name and Address of Current Registered Agent

Manuel A. Ramirez
1001 S. Bayshore Blvd.
Suite 2410
Miami, FL 33131

9. Name and Address of New Registered Agent

Name **Manuel A. Ramirez**
Street Address (P.O. Box Number is Not Acceptable)
1200 Brickell Avenue
Suite, Apt. #, Etc.
Suite 1440
City **Miami** State **FL** Zip Code **33131**

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

Manuel A. Ramirez
REGISTERED AGENT MUST SIGN

Date **11/15/99**

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Espinosa

11/15/99 (305) 591-7766
Date Daytime Phone #

CRS001 (12/98)