192

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT Secretary of State Division of Corporations FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE DIVISION OF CORPORATIONS OLIMAN 21 AM 8: 00	
DOCUMENT # K 36204 04 MAY 24 AM 8: 00	
POPULAR MEAT AND FISH MORKET INC	
2. Principal Office Address 3940 East 4 th ave 3940 East 4 th ave. 3940 East 4 th ave.	14
Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified	7
City & State Fl. Applied For Country Zip Country Zip Country City & State S. FEI Number C5-00 77 5 91 Not Applicable	1
33013 U.S.A. 33013 U.S.A. GERTIFICATE OF STATUS DESIRED SB.75 Additional Fee required for a Certificate of Status	d
7. Name and Address of Current Registered Agent	_
Marial C. Cabanas	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City Miami State Zip Code FL 33172	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503. F.S.	(01/04)
Signature of Registered Agent Carl 2 Mabauas Date 5/19/04	CR2E081 (01/04)
REGISTERED AGENT MUST SIGN	٩°
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Street Address of Each City State (7 in	1
Titles Officers and/or Directors Officer and/or Director City / State / Zip	1
PD Carlos M. Kodriavez 3940 East 4th Ave. Hialeah H. 33013	
SD Malaia R. Lewis 3940 East 4th Ave. Hialeah . Fl. 33013]
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10. 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 filling 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 Description as provided for in chapter 607 or 617, F.S. I further certify that when filling this experiments 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	

292

CABANAS & ASSOCIATES, P.A.

ACCOUNTING, TAX PLANNING & PREPARATION

Square One Business Center 10520 N.W. 26th Street Suite C-201 Miami, Florida 33172

Member of National Society of Public Accountants Florida Association of Independent Accountants

May 19, 2004

TELEPHONE: 305-513-3639

FAX: 305-513-4122

Uniform Business Report Division of Corporations P. O. Box 1500 Tallahassee, Fl. 32302-1500

RE: Popular Meat & Fish Market, Inc. Doc. No. K 36204

Gentlemen:

We are the Accountants for the above taxpayer. Please note that our client never received the original Annual Report for 2003 and 2004, since they moved at the end of 2002.

Our client respectfully requests amnesty against any penalties since they moved and never received the Annual Report notifications at their current address. They are now attaching a check for \$300.00 to cover the filing fees for the two years.

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Should you have any questions, please do not hesitate to contact me.

Sincerely

Joseph F. Cabanas

Enclosure