


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P00000004773 <b>1. Corporation Name</b> FLORA FOODS, INC.			
<b>2. Principal Office Address</b> 1371 SW 8th Street Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 1371 SW 8th Street Suite, Apt. #, etc.	
<b>City &amp; State</b> Pompano Beach, FL		<b>City &amp; State</b> Pompano Beach, FL	
<b>Zip</b> 33069	<b>Country</b> USA	<b>Zip</b> 33069	<b>Country</b> USA

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 01/14/2000	
<b>5. FEI Number</b> 59-1803980	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$0.75 Additional Fee required for a Certificate of Status	

<b>7. Name and Address of Current Registered Agent</b> <b>Name</b> Gregory J. Blodig, Esq., Greenspoon, Marder, Hirschfeld, P.A. <b>Street Address (P.O. Box Number is Not Acceptable)</b> 100 West Cypress Creek Road. <b>Suite, Apt. #, Etc.</b> Suite 700 <b>City</b> Ft. Lauderdale		<b>State</b> FL <b>Zip Code</b> 33309
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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D / P	Flora, John	1371 SW 8th St.	Pompano Beach, FL 33069
S	Rizzocascio, Gaetano	1371 SW 8th St.	Pompano Beach, FL 33069

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 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

Date

Daytime Phone #

2/24/03 954-785-3100

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IMPORTERS & MANUFACTURERS

1371 SW 8 Street  
Pompano Beach, FL 33069  
Main Office 954.785.3100  
Fax 954.785.2353  
Orlando 800.562.1917  
Naples 800.282.6313  
Email: flora@florafoods.com

February 24, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re: Flora Foods, Inc. (the "Company")

Dear Sir or Madam:

In connection with the above referenced Company, please be advised that we did not receive the Uniform Business Report Forms for 2002 nor 2003. In this regard, enclosed please find an original signed Corporation Reinstatement form along with a check for \$300.

If you have any questions in this regard, please do not hesitate to contact me.

Sincerely yours,

Gaetano RizzoCascio  
Secretary