

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 SEP 27 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000006101

1. Corporation Name

Hispania International Foods  
Corp.

600004623986--3  
-10/04/01--01068--016  
\*\*\*\*750.00 \*\*\*\*750.00

2. Principal Office Address

P.O. Box 310816

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip Country

Zip  
33231

Country

Zip

Country

REINSTATEMENT 2001

4. Date incorporated or Qualified  
To Do Business in Florida

01/19/2000

5. FEI Number

65-0988961

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Juan G. Andreu, Jr. Esq.

Street Address (P.O. Box Number is Not Acceptable)

301 S.W. 17<sup>th</sup> Road 2<sup>nd</sup> Floor

Suite, Apt. #, Etc.

City

Miami

State  
FL

Zip Code

33129

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 09/24/01

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director V.P. Treas.	Diego Herrera	P.O. Box 310816	Miami, FL 33231
Pres.	Robert Lanteri	SAME AS ABOVE	
Director Sec.	Dalno Decastro	SAME AS ABOVE	
Director	Ricardo Figueredo	SAME AS ABOVE	

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)(f), 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

09/24/01

Date

Daytime Phone #