

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 19 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000080385

1. Corporation Name

INTERNATIONAL RAINBOW PRODUCE MARKET INC.

Principal Place of Business

4338 NW 7TH AVE.
MIAMI FL 33127

Mailing Address

4338 NW 7TH AVE.
MIAMI FL 33127

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/21/2000

5. FEI Number

65-1036560

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	HUNTE, EION A	1110 LITTLE RIVER DR.	MIAMI FL 33150

12/17/23

800009600568
12/19/02--01066--006 **750.00

8. Name and Address of Current Registered Agent

BOYCE, GILLIAN
7538 JEFFERSON AVENUE, #6
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name GILLIAN BOYCE
Street Address (P.O. Box Number is Not Acceptable)
1606 Meridian Ave #1
Suite, Apt. #, Etc.
City Miami Beach FL
State FL Zip Code 33139

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. or 617.0505, F.S.

Signature of
Registered Agent

Gillian Boyce
REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-25-02

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)