

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB -4 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000100852

1. Corporation Name AAC PERISHABLES LOGISTICS, INC.

2. Principal Office Address
8202 NW 70th St.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33166

Country

USA

3. Mailing Office Address
8202 NW 70th St.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33166

Country

USA

REINSTATEMENT 01-03

**4. Date Incorporated or Qualified
To Do Business in Florida** 10/26/2000

5. FEI Number
65-1054168

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

Scott G. Villanueva, Esq.

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

801 Brickell Avenue

Suite, Apt. #, Etc.

Suite 510

City

Miami

State
FL

Zip Code
33131

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**

Scott Villanueva

REGISTERED AGENT MUST SIGN

Date 1/21/03

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
P.D	Dianna Renjifo	8202 NW 70th St	Miami, FL 33166

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:

Dianna Renjifo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03

Date

(786) 223-4306

Daytime Phone #

gr 2/10/03

CR2E081 (10/02)