PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| ···· | 4 , , | | | |
|--|--|---|---|--|
| | ORATION TATEMENT | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | 06 DEC 15 PM 2: 08 | |
| 1. Corporation | n Name | 0000 4264, Two Rehouse In | F SLOVIL ANY OF STATE TALLAHASSEE, FLORIDA | |
| E CO. | Nomy mea | 1 WORKEYOUS C -1. | | |
| | • | | 03-06 | |
| 2. Principal Office Address ICLUSCA-Ming Office Address | | | - 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | |
| 7279 N.W.78 C | | isame | CR2E081 (12/05) | |
| Suite, Apt. #, etc. Suite, Apt. #, | | Suite, Apt. #, etc. | 4. Date Incorporated or Qualified | |
| City & State | 07.0 | City & State | To Do Business in Florida 047/300/ | |
| 7in | ni, Florida | mion, theride | 5. FEI Number Applied For Not Applicable | |
| 3316 | 6 Do De | 33166 Da De | 6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status | |
| | Name | 7. Name and Address of Current Re | gistered Agent | |
| | Julia a Hennander | | | |
| | Street Address (P.O. Box Number is Not Acceptable) | | | |
| ; | Suite, Apt. #, Etc. | | | |
| (| City Miami | Floride | State Zip Code FL 33184 | |
| 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 Date Stock Dat | | | | |
| 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 o | f Each | |
| 00 - | Julia a Her | | 1. 135 AVE miami, Houla 33124 | |
| 7/00/ | JUTIU C. HER | NAMEL AST VIO | 131 11 MIAMI, Monte 3314/ | |
| | | | | |
| | | | | |
| | | 1 2/15 | 117706-818-95277 117706-818-9527766.25 | |
| | | 1 | 900082740469 | |
| | ····· | | 12/22/0601029008 ***342.50 | |
| 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 contained in Chapter 119, 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: preia (Secrando 8/22/06 888-6820 | | | | |
| SGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | |

ECONOMY MEAT WAREHOUSE $7279~NW~78^{TH}~TERRACE$

MEDLEY, FL. 33166

DEPARTMENT OF STATE **DIVISION OF CORPORATIONS** PO BOX 6327 TALLAHASSEE, FL. 32314

August 23, 2006

To Whom It May Concern:

PLEASE BE ADVISED THAT WE DID NOT RECEIVE THE ANNUAL REPORT NOTICE, DUE TO THE FACT THAT WE MOVED.

in O. Herandez BULIA C. HERNANDEZ

ECONOMY MEAT WAREHOUSE