

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 NOV -7 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000061747

1. Corporation Name
ARMIPRO INTERNATIONAL, INC.

Principal Place of Business Mailing Address
650 SOUTHWEST 39TH AVENUE 650 SOUTHWEST 39TH AVENUE
MIAMI FL 33134 MIAMI FL 33134



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

05-23-02 90048 014 \$150.00

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		P.O. Box 55-7073		06/21/2001	
City & State		City & State		5. FEI Number	
Miami, FL		Miami, FL		65-1114614	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
33255		USA		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$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
PSTD	MATAR, ALFREDO R	650 SOUTHWEST 39TH AVENUE	MIAMI FL 33134

R. Matar

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET 4TH FLOOR MIAMI FL 33145		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
		FL	

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 SIGNATURE REQUIRED Date _____
REGISTERED AGENT MUST SIGN

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 Alfredo R. Matar 10/29/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____

CR2E040 (8/02)

latinfresh
INTERNATIONAL

OCTOBER 29, 2002

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORP.
REINSTATEMENT DEPT.

RE. DOC # P01000061747

TO WHOM IT MAY CONCERN,

PLEASE BE ADVISED THAT I HAVE BEEN IN CONTACT WITH YOUR OFFICE REGARDING THE ABOVE REFERENCED DOCUMENT NUMBER.

WE HAD MAILED BACK OUR REINSTATEMENT BUT APPARENTLY THERE WAS A SECTION THAT WAS LEFT UN-FILLED AND THE PAPAERWORK WAS SENT BACK TO ME ON MAY 30, 2002 AS OF YOUR RECORDS.

WE DID NOT RECEIVE THIS LETTER. ATTACHED YOU WILL FIND THE APPLICATION COMPLETED, WE WOULD GREATLY APPRECIATE IF YOU CAN PLEASE WAIVE THE FEE OF \$600.00. THE PAYMENT OF \$150.00 HAS BEEN ALLREADY RECEIVED BY YOUR OFFICE.

FEEL FREE TO CONTACT US AT ANYTIME, THANK YOU VERY MUCH IN ADVANCE.

SINCERELY,

ALFREDO R. MATAR