PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P01000067221 DOCUMENT

1. Corporation Name

FRUTY FANTASY, INC.

Principal Place of Business Mailing Address

4890 S.W. 74 COURT MIAMI FL 33155

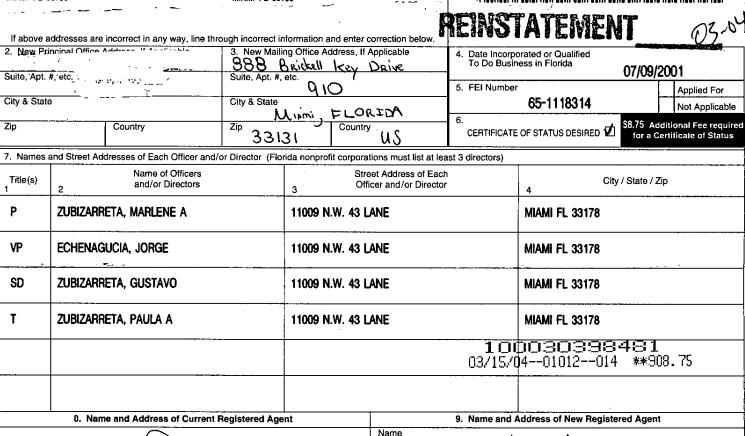
4890 S.W. 74 COURT

MIAMI FL 33155

FILED

04 MAR 15 PM 5: 11

SECRETARY OF STATE TALLAHASSLE, FLORIDA



HIDA - FLORIDA of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. 10. I, being appointed the registered as

Signature of Registered Agent

ZUBIZARRETA, GUSTAVO

4890 S.W. 74 COURT

MIAMI FL 33155

REGISTERED AGENT MUST SIGN

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<u>888 Baidell Key Drive</u>

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Suite, Apt. #, Etc.

City

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

11. I certify that I am an office or director by 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:

TURE AND WEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGN 4

State | Zip Code 3313

