

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000067221**

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

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

988 Brickell Key Drive

910

Miami, FLORIDA

33131

US

4. Date Incorporated or Qualified
To Do Business in Florida

07/09/2001

5. FEI Number

65-1118314

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ZUBIZARRETA, MARLENE A	11009 N.W. 43 LANE	MIAMI FL 33178
VP	ECHENAGUCIA, JORGE	11009 N.W. 43 LANE	MIAMI FL 33178
SD	ZUBIZARRETA, GUSTAVO	11009 N.W. 43 LANE	MIAMI FL 33178
T	ZUBIZARRETA, PAULA A	11009 N.W. 43 LANE	MIAMI FL 33178
			100030398481 03/15/04--01012--014 **908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZUBIZARRETA, GUSTAVO
4890 S.W. 74 COURT
MIAMI FL 33155

Name

Jorge Echenagucia

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

888 Brickell Key Drive

Suite, Apt. #, Etc.

910

City

Miami FLORIDA

State

Zip Code

FL 33131

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

X

REGISTERED AGENT MUST SIGN

Date **2/27/04**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP Jorge Echenagucia

Date

2/27/04

Daytime Phone #

(786) 317-0181

FILED

04 MAR 15 PM 5:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

03-04

CR2E040 (7/03)