

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 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000073020

1. Corporation Name

CAMESA FOODS, INC.

2. Principal Office Address

5209 NW 74th AVENUE

3. Mailing Office Address

5219 NW 74th AVENUE

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33166

Country

DADE

Zip

33166

Country

DADE

**4. Date Incorporated or Qualified
To Do Business in Florida**

JULY 23, 2001

5. FEI Number

65-1123595

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

SABRINA MATOS

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

5209 NW. 74th AVENUE

Suite, Apt. #, Etc.

101

City

MIAMI

State

FL

Zip Code

33166

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

Sabrina Matos

Date 02/03/2003

REGISTERED AGENT MUST SIGN

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	SABRINA MATOS	5209 NW 74th AVE, SUITE 101	MIAMI, FLORIDA 33166
VP	BYRON LURSEN	17222 NW 6th COURT	PEMBROKE PINES, FL. 33029
S/T	CARLOS F. CARDONA	6140 W. 26th COURT	HIALEAH, FLORIDA 33016

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:

Sabrina Matos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/03/2003 (305) 216-9263 8-5

Date

Daytime Phone #

CR2E081 (10/02)

js 2/10/03

Camesa Foods, Inc.

5209 N. W. 74th Avenue

Suite #101

Miami, Florida 33166

Tel. 305-216-9216

Fax 305-884-6035

February 3, 2003

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Ref: Document number P01000073020

Dear Sir or Madam:

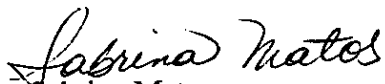
Attached please find original request Form to reinstate our Corporation.

I would like to request to wave the reinstatement fees, as we have never received the 2002 form to pay the Annual Report Fees.

Also, find attached a check in the amount of \$300.00 to cover the annual fees for the Corporation.

If you need further information, please do not hesitate to contact us.

Best regards,



Sabrina Matos
5209 NW 74th Avenue
Suite 101
Miami, Florida 33166
305-216-9263 Phone
305-884-6035 Fax

SB/