

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

5/5/03 90266 847 *150.00

FILED

04 JAN -5 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000045646

1. Corporation Name

ALCAREZ INTERNATIONAL FOOD CORP.

Principal Place of Business

Mailing Address

11623 NW 90 AVE
HIALEAH FL 33018

11623 NW 90 AVE
HIALEAH FL 33018

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/22/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

01-0668091

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	ALCARAZ, ISAIAS	11623 NW 90 AVE	HIALEAH FL 33018
V	PALACIOS, EDGAR B	11623 NW 90 AVE	HIALEAH FL 33018

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALCARAZ, ISAIAS
11623 NW 90 AVE
HIALEAH FL 33018

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Isaias Alcaraz
REGISTERED AGENT MUST SIGN

Date

10.30-03

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:

Isaias Alcaraz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EC40 7/03

MIAMI DECEMBER 1 2003

To;
DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
PO BOX 6327
TALLAHASSEE FL 32314-6327

WITH THIS LETTER, I INFORM YOU THAT I NEVER RECEIVED A LETTER FROM YOU
AFTER THE ANNUAL REPORT OF 2003 WAS COMPLETED. I DID SUBMIT PAYMENT ON TIME.
THE (FEI) NUMBER (EIN) 01-0668091
I APOLOGIZE FOR ANY INCONVENIENCE.

THIS IS IN RESPONSE TO THE DOCUMENT RECEIVED BY
ALCAREZ INTERNATIONAL FOOD CORP.

THANK YOU,
ISAIAS ALCARAZ