

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 22 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000055329

1. Corporation Name

SUN SQUEEZED MARKET, INC.

2. Principal Office Address

1391 SW 69th Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33144

Country

USA

3. Mailing Office Address

701 Brickell Avenue

Suite, Apt. #, etc.

Suite 3000

City & State

Miami, FL

Zip

33131

Country

USA

REINSTATEMENT 03-04

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

May 17, 2002

5. FEI Number

01-0697987

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

Intrastate Registered Agent Corporation

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

701 Brickell Avenue

Suite, Apt. #, Etc.

Suite 3000

City

Miami

State

FL

Zip Code

33131

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

Paula Gomez, Jr.

REGISTERED AGENT MUST SIGN

Date 4/21/04

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, S T	Antonia Perez	1391 SW 69th Avenue	Miami, FL 33144

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:

Antonia Perez
ANTONIA PEREZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04

Date

305 691-5500

Daytime Phone #

CR2E081 (01/04)

BB