PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

ロヘヘロ		# P02000	ヘイハメハメフ
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1. Corporation Name

INTERAMERICAN FOOD SERVICE INCORPORATED

2. Principal Office 780 N.W.	Address 42 AVENUE	3. Mailing Office Address 780 N.W. 42 AVENUE		
Suite, Apt. #, etc. SUITE 516		Suite, Apt. #, etc. SUITE 516		
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		
^{Zip} 33126	Country DADE	^{Zip} 33126	Country	

10/20/03-6		~¥106,25
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Date Incorporated or Qualified To Do Business in Florida

Applied For

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required

7. Name and Address of Current Registered Agent AURELIO A. PIEDRA Street Address (P.O. Box Number is Not Acceptable) 780 N.W. 42 AVENUE Suite, Apt. #, Etc. **SUITE 516** Zip Code

MIAMI

33126

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

REGISTERED AGENT MUST SIGN

10-2-03

9.	Names and Street	Addresses of	of Each Officer	and/or Director	(Florida nonprofit	corporations mus	t list at least 3	directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	JAVIER PAYET	780 N.W. 42 AVENUE	MIAMI, FL 33126
V-PRES	JUAN D. PAYET	780 N.W. 42 AVENUE	MIAMI, FL 33126
SEC.	ARTURO MATTO	780 N.W. 42 AVENUE	MIAMI, FL 33126
TREAS	ARTURO MATTO	780 N.W. 42 AVENUE	MIAMI, FL 33126 -
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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 filling this reinstatement application, the reason for dissolution has been diminated, 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 individual 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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-443-7122

Daytime Phone #

VARGAS, PIEDRA & CO.

CERTIFIED PUBLIC ACCOUNTANTS

MEMBERS

AMERICAN AND FLORIDA

INSTITUTE OF

CERTIFIED PUBLIC ACCOUNTANTS

SUITE 516
LE JEUNE CENTRE
780 N.W.LE JEUNE ROAD
MIAMI, FLORIDA 33126
TELEPHONE
(305) 443-7122

October 7, 2003

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: INTERAMERICAN FOOD SERVICE INCORPORATED P02000104647

Enclosed you shall find a check in the amount of \$106.25 to reinstate the above mentioned company. The total amount to reinstate was \$158.75 as per our conversation over the telephone. As I explained the owner of the company is a foreigner and was never notified If you note I changed address to CPA's address where we shall receive all your documentation.

Please note that that my balance is \$106.25 due to the fact that I had sent you a check in the amount of A\$52.50 which you kept.

If you should have any questions do not hesitate to call me.

Thank you for your cooperation.

Sincerely,

Aurelio A. Piedra, CPA