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 # P02000120059

1. Corporation Name

YANI'S FRUITS, CORP.

Principal Place of Business

Mailing Address

1200 PALM AND

1200 DALLA AVE

FILED

04 JAN -5 AM 8: 41

SECRETARY OF STATE FALLAHASSEE. FLORIDA

| 2000 | REINSTATEMENT 03 |
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| | |
| | 700025258557 12/05/03-01048-030 **158.75 |
| | 4 Date Incorporated or Qualified |

| HIALEAH FL | | HIALEAH FL 33010 | | | | | | | |
|--|---|---|---|---|--|---------------------------------------|--|--------|--|
| If above a | iddresses are incorrect in any way, line th | rough incorrect i | nformation and | enter correction below | 12/05 | 103-01048- | 55557 -030 **158.75 | | |
| | ncipal Office Address, If Applicable | ing Office Address, If Applicable | | Date Incorp To Do Busin | orated or Qualified ness in Florida | 11/00/0000 |] | | |
| Suite, Apt. # | #, etc. | etc. | | -5FEI Numbe | f 5 | 11/08/2002 | ┥ | | |
| City & State City & | | | ity & State | | 03-04 | 1 | Applied For Not Applicable | | |
| Zip | Country | Zip | | Country | CERTIFICATI | E OF STATUS DESIRED | \$8.75 Additional Fee require for a Certificate of Status | a | |
| 7. Names a | and Street Addresses of Each Officer and | d/or Director (Flo | orida nonprofit c | orporations must list at lea | ast 3 directors) | | | Ī | |
| Title(s) | | | Street Address of Each Officer and/or Director | | | 4 City / State / Zip HIALEAH FL 33013 | | | |
| Р | | | | | | | | | |
| ٧ . | ZURITA, YANELA M | | | 639 E. 34TH STREET | | | HIALEAH FL 33013 | | |
| S | ZURITA, YANELA M | | 639 E. 34TH STREET | | | HIALEAH FL 33013 | | | |
| T | T ZURITA, YANELA M . | | | 639 E. 34TH STREET | | | HIALEAH FL 33013 | | |
| ************************************** | | | | , —p | | | | | |
| | | | | | | | 4-4 | - | |
| | 8. Name and Address of Curren | t Registered Age | ent francis | | _ 9. Name and | Address of New Re | gistered Agent | 4 | |
| -~- | | | | | | -(-)- | and a Discourage of the Control of t | ٦ ۾ | |
| ZURITA | A, YANELA M | | | 1 | | is Not Acceptable) | | - 2 | |
| | PALM AVE. | | | Street Address (I | r.O. Bux Number | is Not Acceptable) | | DEC. | |
| HIALE/ | AH FL 33010 | | | Suite, Apt. #, Etc | , | | المالية | 75 | |
| | | | \cap | City | | | State Zip Code | -[| |
| 10. I, being | g appointed the registered agent of the al | oove named corp | oration am fam | ijiar with and accept the o | bligations of Sect | tion 607.0505, F.S. o | | 1 | |
| | | · | N b X | <i>7.</i> | ŭ | | | | |
| | 63.7.63.7.6.0 | seen now of | V | has been been one men | | , | 1 | | |
| Signature of Registered | Agent | | | DUNNED | | Date 11/2 | 8/03 | | |
| | · | REGISTERED A | GENT MUST SI | GN | | | | | |
| this rein owed by | that I am an officer or director or the rec instatement application, the reason for dis by the corporation have been paid and the application is true and accurate, and my | solution has beer anames of individual | n eliminated, the duals listed on t | corporate name satisfies his form do not qualify for | the requirements an exemption un | s of section 607.0401 | or 617.0401, F.S., that all fees | | |
| ĺ | (1.11 0/a) | • | | | | 1 / | | | |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

November 28, 2003

pagenote

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

Ref: Document # P02000120059 (reinstatement application)

Dear Sir or Madam:

We are in receipt of the Notice of Administrative Dissolution or Revocation. We are writing to let you know that we did not receive the original form to renew the corporation, and that we were totally unaware that this renewal was due since we opened the corporation in November of 2002.

In any case we are currently having too many problems with the mail at the location we're in because there are 3 different businesses, plus some residential apartments and the post office leaves everything in one central location. This is something that the landlord is currently working on by placing mailboxes so that everyone can receive their own mail.

According to the instructions on the referenced number of the letter of dissolution we received, we are requesting that you please waive the reinstatement fees. We are enclosing a check in the amount of \$158.75 to include a certified copy.

We thank you in advance for your cooperation, and apologize for any inconveniences. You can rest assured that this will not happen in the future, for we have been advised that this renewal is due every year by the 30th of April.

Should-you-have any questions, please contact us at 305-887-0200.

Sincerely,

Omar A. Zurita President Yani's Fruits, Corp.