

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 29 AM 10:22

DOCUMENT # 803 0000 11314

1. Corporation Name

TOTI-FRUTI NATURAL JUICE &
ICE CREAM CORPORATION

REINSTATEMENT 04-05

200061759522
11/29/05--01062--011 **300.00

2. Principal Office Address

4558 CRESTHAVEN
BLVD

3. Mailing Office Address

4558 CRESTHAVEN BLVD
B

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

City & State

WEST PALM BEACH FL

Zip

33415

Country

USA

Zip

33415

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

ERWIN BOHORQUEZ

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

171 HAVERHILL ROAD

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State
FL

Zip Code

33415

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 11-9-05

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	ERWIN BOHORQUEZ	171 HAVERHILL RD.	WEST PALM BEACH FL
VP	JOSE ARAUJO	5221 Kim CT	WEST PALM BEACH FL 33415

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERWIN BOHORQUEZ

11-9-05

Date

361-4524848

Daytime Phone #

11-21-2005

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DEAR SIR OR MADAM :

ENCLOSED IS A CHECK IN THE AMOUNT
OF \$300⁰⁰ FOR THE PURPOSE OF HAVING
MY CORPORATION REACTIVATED.

PLEASE UNDERSTAND THAT I DID
NOT RECEIVE RENEWAL NOTICES FOR YEARS
2004 & 2005.

PLEASE CALL ME AT 561 452 4848
IF YOU HAVE ANY QUESTIONS.

THANK YOU

Erwin Bohorquez