

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2007 NOV 30 PM 2:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000003793

1. Corporation Name

JDS FOOD DISTRIBUTION, INC.  
1060 W 33 ST  
Hialeah, FL. 33012

2. Principal Office Address

1060 W 33 ST

Suite, Apt. #, etc.

3. Mailing Office Address

1060 W 33 ST

Suite, Apt. #, etc.

City & State

Hialeah, FL. 33012

Zip

Country

USA

City & State

Hialeah, FL. 33012

Zip

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

01/08/2004

5. FEI Number

20-0545838

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

JAIME D. SANTISTEBAN

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

1060 W 33 ST

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33012

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

Date 11/29/07

REGISTERED AGENT MUST SIGN

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/D	JAIME D. SANTISTEBAN	1060 W 33 ST	Hialeah, FL 33012
V-P/D	ERNESTO SEGUNDO	1060 W 33 ST	Hialeah, FL. 33012

000113043910  
12/11/07--01042--012 \*\*300.00

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

Jaime D. Santisteban

Date

11/29/07

Daytime Phone #

(786) 316-3426

CR2E081 (10/02)

282

November 29, 2007

JDS Food Distributor Corporation  
1060 W. 33 Street  
Hialeah, FL 33012

Florida Department of State  
Tallahassee, Florida

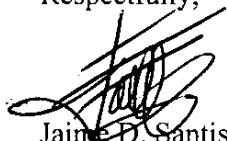
**RE: Reinstatement**  
**Document Number: P04000003793**  
**FEIN: 20-0545838**

To Whom It May Concern:

Please waive the Year 2006/2007 Reinstatement penalty since I had previously moved and the correspondence was never received.

If you have any questions, please do not hesitate to contact me.

Respectfully,



Jaime D. Santisteban  
President