

2005 FOR PROFIT CORPORATION REINSTATEMENT

112

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -2 PM 3:45

DOCUMENT # P04000024257		
1. Entity Name PRODUCE DISTRIBUTOR IMPORT & EXPORT DIVISION, INC.		

Principal Place of Business 7350 NW 35 ST MIAMI, FL 33182	Mailing Address 7350 NW 35 ST MIAMI, FL 33182
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2. Principal Place of Business 5900 NW 97 Ave Suite, Apt. #, etc. 13	3. Mailing Address 5900 NW 97 Ave Suite, Apt. #, etc. 13
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11282005 REIN-P CR2E098 (6/04)

City & State Miami - FL	City & State Miami - FL	4. FEI Number 36-4549739	Applied For Not Applicable
Zip 33178	Country USA	Zip 33178	Country USA

6. Name and Address of Current Registered Agent HERNANDEZ, JOSE A 7350 NW 35 ST MIAMI, FL 33182	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS HERNANDEZ, JOSE A 1142 SW 144 CT MIAMI, FL 33184 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5117605 90017 039 150-00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RODRIGUEZ, ADA 1142 SW 144 CT MIAMI, FL 33184 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/28/05 305-594-6510
Date Daytime Phone #

12/2/05

212

Produce Distributors Import and Export Division, Inc.
5900 NW 97th Ave #13
Miami, Florida 33178

November 28, 2005

To Whom It May Concern:

Please be advice that we submitted the annual report in proper time (see copy of check attached). However, important information was missed and you sent it back asking for it but obviously something happened at that point that your office never received it. Here it is our corporation reinstatement report and our sincerely apologies for the delay.

We not even know the corporation was dissolved until we went to our bank to do the annual report consequently now we realize that the person who was dealing with this matter was new at her position and when it occurs so many things can easily happen

Again we ask for your consideration in this matter.

Best Regards
Jose Hernandez.
President