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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	NSTATEMENT					DA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				SECRETARY OF STATE DIVISION OF CORPORATIONS 08 JAN 24 PM 3: 09			
DOCUMENT # P05000131096 1. Corporation Name Interfoods Florida Corp.													
PMB722, #89 De Diego Avenue PM						3. Mailing Office Address PMB722, #89 De Diego Avenue Suite, Apt. #, etc.				100116020741 CR2E081 (12/07)			
Suite 105 Suite 10										4. Date Incorporated or Qualified To Do Business in Florida 9/23/05			
City & State City & State									—	5. FEI Number Applied For			
San Jua Zip	San Juan, Puerto Rico				San Juar Zip	, Puerto	Rico	to.	¬—	664579	9 <u>-</u>	Not Applic	
00927-6	i		,	00927-63		345	USA	•				8.75 Additional Fee re for a Certificate of St	
	7. Name and Address of Current Registered Agent												
Name NRAI Services, The Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive Suite, Apt. #, Etc. Suite 4 City Weston,						State Zip Code FL 33331				The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
8. I, being appointed the registered agent of the above names corporation am familiar with and accept the ob- Signature of Registered Agent REGISTERED AGENT MUST SIGN										Date			
9. Names	and Street A	ddresses	of Each O	fficer and	/or Director (FI	orida nonpro	ofit corp	orations must list at	least 3 di	rectors)			
Titles	Name of Officers and/or Directors				Street Address of Ea Officer and/or Direct						City / S	State / Zip	
PD	Carlos J. Olivera					PMB722, #89 De Diego Ave			ve. Suit	te 105	San Juan, Puerto	Rico 00927-634	45
SD	Francisco J. Olivera					PMB722, #89 De Diego Ave			ve. Suit	te 105	San Juan, Puerto	Rico 00927-634	45
TD	Luis E. Carvajal					PMB•22, #89 De Diego Ave			ve. Suit	te 10 <u>45</u>	San Juan, Puerto	Rico 00927-634	45
						ALLETATEMENT			IT _C	<u> </u>	18 1/2	4/08	
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 contained in Chapter 119, 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 TYPED OR PRINTED TYPED OR PRINTED TYPED OR PRINTED TYPED OR DISTRIBUTION ASSOCIATION ASSOCIA													

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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662, TALLAHASSEE, FL 32302 155 OFFICE PLAZA DRIVE, SUITE A, TALLAHASSEE, FL 32301 PHONE: (850) 216-0457 / FAX: (850) 216-0460

DATE: 1/24/2008

NAME: INTERFOODS FLORIDA CORP

TYPE OF FILING: REINSTATEMENT

COST: \$300 + \$8.75= \$308.75

RETURN: CERTIFIED COPY

ACCOUNT: FCA000000015

AUTHORIZATION: PAUL ABBIE HOUGE