

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRET
DIVISION OF CORPORATIONS

10 JUL 22 PM 12:39

DOCUMENT # P05000131973

1. Corporation Name

ALAMEDA GOURMET MARKET CORP.

2. Principal Office Address - No P.O. Box #

2769 Coral Way

3. Mailing Office Address

2769 Coral Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Florida 33145

City & State

Miami Florida 33145

Zip

33145

Country

USA

Zip

33145

Country

USA

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

09/26/2005

5. FEI Number

20-3547237

☐ 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

Ricardo M. Rodriguez

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

2769 Coral Way

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33145

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

REGISTERED AGENT MUST SIGN

Date 7/15/2010

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
D	Ricardo M Rodriguez	2769 Coral Way	Miami FL 33145
D	Jorge O Lopez	2769 Coral Way	Miami FL 33145

REINSTATEMENT 08-10

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

7/15/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #