APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

Att: Michelle Fartas
Fr: Peter Enriquez

99 NOV 15 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000061800

1. Corporation Name

TROPICAL CHEESE SOUTH, INC.

Principal Place of Business	Mailing Address
3739 NW 53RD ST MIAMI FL 33142 US	3739 NW 53RD ST. MIAMI FL 33142 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

REINSTATEMENT 99

4. Date Incorporated or Qualified To Do Business in Florida: 09/03/1993 SP

5. FEI Number: 65-0462076 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ [redacted]

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MENDEZ, RAFAEL	19 SUNRISE CIR	HOLMDEL NJ
D	MENDEZ, ALBERTO R	283 FRONT ST	PERTH AMBOY NJ
D	~~PLANAS, JULIO~~	~~3780 NW 54TH ST~~	~~MIAMI FL~~

000003061130--5
-12/06/99--01021--013
****750.00 ****750.00

8. Name and Address of Current Registered Agent

PLANAS, JULIO
3780 NW 54TH ST (REAR)
MIAMI FL 33142

9. Name and Address of New Registered Agent

Name: Michelle Fartas CPA
Street Address (P.O. Box Number is Not Acceptable): 3739 NW 53rd Street
Suite, Apt. #, Etc.:
City: Miami State: FL Zip Code: 33142

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Michelle Fartas Date: 11-8-99
REGISTERED AGENT MUST SIGN

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 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] 11-8-99 732-442-4898
SIGNATURE AND TYPED OR PRINTED NAME OF PLANAS OFFICER OR DIRECTOR — Date — Daytime Phone #