
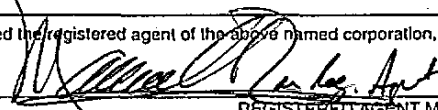
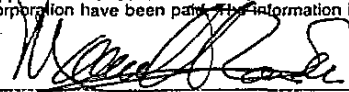


APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 98 OCT 29 PM 12:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 793 0000 14058					
1. Corporation Name Rocketerias Distributors, Inc.					
Principal Place of Business 1408 NW 82nd Avenue Miami, Florida 33126			Mailing Address 1408 NW 82nd Avenue Miami, Florida 33126		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable (same as above) Suite, Apt. #, etc.		3. New Mailing Address, If Applicable (same as above) Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 10-20-93	
City & State		City & State		5. FEI Number 65-0513585	
Zip		Country		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$9.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip		
PD	Gabriel A. Calderon	1408 NW 82nd Avenue	Miami, Florida 33138		
S	Manuel Arthur Mesa,	1000 Brickell Ave., Ste. 660	Miami, Florida 33131-3014		
8. Name and Address of Current Registered Agent George D. Caturia, Esq. 6301 Biscayne Boulevard, Suite 202 Miami, Florida 33138			9. Name and Address of New Registered Agent Name Manuel Arthur Mesa, Esq. Street Address (P.O. Box Number is Not Acceptable) 1000 Brickell Ave., Ste. 660 Suite, Apt. #, Etc. City Miami State FL Zip Code 33131		
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  Date 9-10-98 REGISTERED AGENT MUST SIGN Manuel Arthur Mesa					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Manuel Arthur Mesa, as Secretary 9-10-98 (305) 377-1000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					