
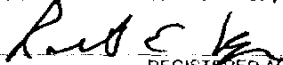



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000018501			
1. Corporation Name INTERNATIONAL FRUIT CONCENTRATE, INC.			
Principal Place of Business 1401 E. BROWARD BLVD. FORT LAUDERDALE FL 33301		Mailing Address 1401 E. BROWARD BLVD. FORT LAUDERDALE FL 33301	
If above addresses are incorrect in any way, line through incorrect information and enter correction below			
2. New Principal Office Address, If Applicable 4445 North AlA		3. New Mailing Office Address, If Applicable 4445 North AlA	
Suite, Apt. #, etc. Suite 227		Suite, Apt. #, etc. Suite 227	
City & State Vero Beach, FL		City & State Vero Beach, FL	
Zip 32963	Country	Zip 32963	Country
4. Date Incorporated or Qualified To Do Business in Florida 03/09/1994			
5. FEI Number 65-0485351			
6. CERTIFICATE OF STATUS DESIRED [] \$8.75 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
P/S/D	Nagel, Jr., George M.	705 Flamingo Dr	Ft. Lauderdale, FL 33301
T/D	Keyes, Robert E.	470 38th Square S.W.	Vero Beach, FL 32968
8. Name and Address of Current Registered Agent KEYS, ROBERT E 1401 EAST BROWARD BLVD. SUITE 101 FT. LAUDERDALE FL 33301		9. Name and Address of New Registered Agent Name Keyes, Robert E. Street Address (P.O. Box Number is Not Acceptable) 470 38th Square S.W. Suite, Apt. #, Etc Vero Beach, FL State FL Zip Code 32968	
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  REGISTERED AGENT MUST SIGN Date 3/12/99			
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)			
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
13. 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:  3/12/99 561-234-9148 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

99 MAR 22 PM 1:59
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

03/09/1994

5. FEI Number

65-0485351

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED []

\$8.75 Additional Fee required for a Certificate of Status

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***1350.00 ***1350.00

CPRE040 (6/95)