

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 96 NOV 25 PM 2:34 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>P9500000 6303</u> 1 Corporation Name <u>Montaldo Food Distributors, Inc</u>		700002017057--0 -12/02/96--01030--013 *****375.00 *****375.00	
Principal Place of Business <u>2641 S. Park Road</u> <u>Pembroke Park, FL 33009</u>		Mailing Address <u>2641 S. Park Road</u> <u>Pembroke Park, FL 33009</u>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, if Applicable Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida <u>1/20/95</u>		5. FEI Number <u>65-0552452</u>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	
1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Anthony Montaldo	2641 S. PARK ROAD	Pembroke Park, FL 33009
VP	Phyllis Montaldo	2641 S. PARK ROAD	Pembroke Park, FL 33009
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Signature of Registered Agent <u>Anthony P. Montaldo</u> REGISTERED AGENT MUST SIGN		Name <u>Anthony Montaldo</u> Street Address (P.O. Box Number is Not Acceptable) <u>2641 S. PARK ROAD</u> Suite, Apt. #, Etc. City <u>Pembroke Park</u> State <u>FL</u> Zip Code <u>33009</u>	
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. Date <u>11/18/96</u>			
11. 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.)			
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: <u>Anthony P. Montaldo</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>11/18/96</u> Daytime Phone # <u>(954) 966 3166</u>	

REINSTATEMENT

1996

A. Alan

11-25-96

CR2040 (1/2/95)