

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # PA5000058533

1. Corporation Name
BOTANICA EL EDIBERE, INC.

Principal Place of Business Mailing Address
467 S.W. 90th Court
Miami, Florida 33174

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

2. New Principal Office Address, If Applicable
6961 Coral Way

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State

Zip
33155

Country

Zip

Country

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 ***915.00 ***915.00

4. Date Incorporated or Qualified To Do Business in Florida

July 28, 1995

5. FEI Number

65-0599154

Applied For

Not Applicable

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
D, P, S	Mercy Rodon	6961 Coral Way	Miami, Florida 33174
VP, T	Marjorie Del Castillo	6961 Coral Way	Miami, Florida 33155

REINSTATEMENT 9697

2/27/97

8. Name and Address of Current Registered Agent

Nancy Espinoza
467 S.W. 90th Court
Miami, Florida 33174

9. Name and Address of New Registered Agent

Name
Mercy Rodon
 Street Address (P.O. Box Number is Not Acceptable)
6961 Coral Way
 Suite, Apt. #, Etc.
 City **Miami** State **FL** Zip Code **33155**

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 Mercy Rodon
 REGISTERED AGENT MUST SIGN

Date 2/20/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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: Mercy Rodon
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/97
 Date

Daytime Phone #