

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



**98-99 AK**

FILED

98 JUN -2 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000081788 (8)

1. Corporation Name

Ieco Foods, Corp.

Principal Place of Business

1492 South Miami Avenue  
Miami, FL 33130

Mailing Address

1492 South Miami Avenue  
Miami, FL 33130

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

2. New Principal Office Address, If Applicable  
1492 South Miami Avenue

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
1492 South Miami Avenue

Suite, Apt. #, etc.

City & State  
Miami, Florida

Zip  
33130

Country  
USA

City & State  
Miami, Florida

Zip  
33130

Country  
USA

**REINSTATEMENT 98-99 @**

4. Date Incorporated or Qualified  
To Do Business in Florida

10/25/95

5. FEI Number

65-0617706

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
PD	Alberto Lamadrid	1492 South Miami Avenue	Miami, FL 33130
			300002903723--8
			-06/14/99--01016--021
			***908.75 ***908.75

8. Name and Address of Current Registered Agent

Alberto Lamadrid  
1492 South Miami Avenue  
Miami, FL 33130

9. Name and Address of New Registered Agent

Name  
Alberto Lamadrid  
Street Address (P.O. Box Number is Not Acceptable)  
1492 South Miami Avenue  
Suite, Apt. #, Etc.

City  
Miami

State  
FL

Zip Code  
33130

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

*Alberto Lamadrid*

REGISTERED AGENT MUST SIGN

Date

5/26/90

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

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 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:

*Alberto Lamadrid*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/26/99 (305) 858-5600

Date

Daytime Phone #

CR2E081 (12/99)