PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR Secretary of State REINSTATEMENT FILED DIVISION OF CORPORATIONS DOCUMENT # P 96000046307 98 APR 23 PM 3: 21 1. Corporation Name Best Fresh Services, Inc. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2845 SW 82hdAve 2845 SW 82ndAve Miami Fl 33155 Miami Fl 33155 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified
To Do Business in Florida May 31 96 Sulte, Apt. #, etc. Suite, Apl. #, etc. 5. FEI Number Applied For City & State City & State 65 0673996 Not Applicable \$8.75 Additional Fee required Country Country CERTIFICATE OF STATUS DESIREMX 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) P/T Ignacio P Porro 2845 SW 82nd Ave Miami Fl 33155 S/V **600002503006--** 9 -04/23/38--01069---003 ****900.00-- ****900.00 600002503006---9 :04/23/93 --01069---010 ******8.75 ******8.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Ignacio P Porro Street Address (P.O. Box Number is Not Acceptable) 2845 SW 82nd Ave Suite, Apt. #, Etc. MIami F1 33155 City State Zip Code 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 Ignacio P Porro 4/20/98 REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. 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.

4/20/98 305 551 4959

SIGNATURE: /

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR