

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 13, 2003 8:00 A.**  
**Secretary of State**

**DOCUMENT # P-96000059031**

**1. Corporation Name**

WHITE ONIONS, INC.

**2. Principal Office Address**

247 NW 23 Street

Suite, Apt. #, etc.

**3. Mailing Office Address**

247 NW 23 Street

Suite, Apt. #, etc.

**City & State**

MIAMI, FL

**City & State**

MIAMI, FL

**Zip**

33127

**Country**

USA

**Zip**

33127

**Country**

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

07/15/1996

**5. FEI Number**

65-0683711

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

NORMA SINCLAIR

**Street Address (P.O. Box Number is Not Acceptable)**

247 NW 23 STREET

**Suite, Apt. #, Etc.**

**City**

MIAMI

**State**

FL

**Zip Code**

33127

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

**Signature of  
Registered Agent**

*Norma Sinclair*  
REGISTERED AGENT MUST SIGN

**Date** 03/12/03

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Norma Sinclair	247 NW 23 Street	Miami, FL 33127

**10. 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:**

*Norma Sinclair*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

03/12/03

**Daytime Phone #**

CR2E081 (10/02)

js 3/17

**LINDA M. SMITH**

ATTORNEY AT LAW

BISCAYNE CENTRE • SUITE 503  
11900 Biscayne Boulevard  
Miami, FL 33181

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FACSIMILE (305) 436-3816

March 12, 2003

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399  
Attn: Fictitious Name Section

**Re: White Onions, Inc.; Document Number: P-96000059031**

Dear sir or madam:

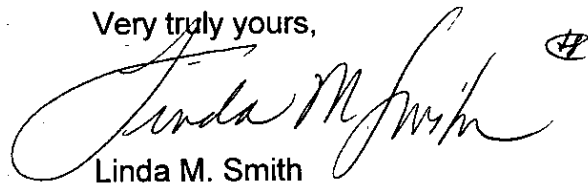
I enclose an executed Corporation Reinstatement form as well as my company check for \$908.00, representing the reinstatement fee of \$600.00, the yearly corporation fee of \$150 per year for 2002 and 2003 and \$8.75 for a certificate of good standing.

Kindly return the Certificate of Good Standing to me in the enclosed Federal Express envelope, as soon as possible, as we are depending upon this document in order to proceed in other matters.

Please do not hesitate to contact me if any further information is required.

Thank you for your cooperation in this matter.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Linda M. Smith", followed by a small circular stamp or mark.

Linda M. Smith

LMS:tf  
Enc.