

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

APPLICATION FOR  
REINSTATEMENT



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

1998 JAN 30 PM 5:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000067504

1. Corporation Name  
CARMEN'S WORLD PRODUCE, INC.

Principal Place of Business Mailing Address  
1995 BLOUNT ROAD  
POMPANO BEACH, FL 33069  
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable S/A	3. New Mailing Office Address, If Applicable S/A	4. Date Incorporated or Qualified To Do Business in Florida 8/9/96
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0684922
City & State Pompano Beach	City & State	Applied For Not Applicable
Zip 33069	Country America	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>
Zip 33069	Country	\$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
P/O	CARMEN WEISS	1727 VESTAL DRIVE	CORAL SPRINGS, FL 33071
VP	STEVE WEISS	1727 VESTAL DRIVE	CORAL SPRINGS, FL 33071
			900002420539--6 -02/03/98--01097--022 ****758.75 ****758.75
<b>REINSTATEMENT</b>			900002420539--6 -02/03/98--01097--023 ****150.00 ****150.00

8. Name and Address of Current Registered Agent CARMEN WEISS 1727 VESTAL DR CORAL SPRINGS, FL 33065	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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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: *Carmen Weiss* REGISTERED AGENT MUST SIGN Date: 1-27-98

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: *St Weiss* Steven Weiss, 1/28/98  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)