

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Rancho Cacahual FRUTERIA
INC

2. Principal Office Address - No P.O. Box #

14300 SW 8 ST

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

Country

Zip

Country

33184

US

7. Name and Address of Current Registered Agent

Name

REY BERMUDEZ

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

14300 SW 8 ST

Suite, Apt. #, Etc.

City

MIAMI FL 33184

State

FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 04/28/2010

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	REY BERMUDEZ	14300 SW 8 ST	MIAMI FL 33184

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/28/10 305-264-8662

FILED

10 MAY -6 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400180504804

05/06/10--01041--028 **608.75

REINSTATEMENT

07-10

4. Date Incorporated or Qualified To Do Business in Florida

05-09-1992

5. FEI Number

650787521

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.