

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000049696

1. Corporation Name

TERRACE FRESH, INC.

Principal Place of Business

1351 N.W. 22ND STREET
POMPANO BEACH FL 33069
US

Mailing Address

1351 N.W. 22ND STREET
POMPANO BEACH FL 33069
US

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	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	06/04/1997
City & State	City & State	5. FEI Number
Zip	Country	65-0564422
	Zip	Not Applicable
	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	LASKO, JONATHAN S	1351 N.W. 22ND STREET	POMPANO BEACH FL 33069
VD	SHULMAN, STEVEN	1351 N.W. 22ND STREET	POMPANO BEACH FL 33069
		1000003472961-5	11/21/00 01002 005
			****750.00 ****750.00
			LS

8. Name and Address of Current Registered Agent

RODRIGUES, WILLIAM P JR
1351 N.W. 22ND STREET
POMPANO BEACH FL 33069

9. Name and Address of New Registered Agent

Name Jonathan Lasko
Street Address (P.O. Box Number Is Not Acceptable) 1351 NW 22nd Street
Suite, Apt. #, Etc. Pompano Beach
City FL Zip Code 33069

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/30/00

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/30/00 Daytime Phone # 954-917-7272