

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000049696

TERRACE FRESH, INC.

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

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

\$8.75 Additional Fee required for a Certificate of Status

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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
			100003472961--5 11/21/00 01002 005 ***750.00 ***750.00
			LS

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

Name _____

Jonathan Lasko

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

1351 NW 22nd Street

Suite, Apt. #, Etc.

Pompano Beach

City

State

Zip Code

F

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)(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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/00
Date

954-917-7272
Daytime Phone #