

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -1 PM 4:33

DOCUMENT # **P97000064187**

1. Corporation Name

QUISQUEYA FOOD MARKET, INC.

Principal Place of Business

**302 SOUTH DIXIE HWY
LAKE WORTH FL 33460**

Mailing Address

**302 SOUTH DIXIE HWY
LAKE WORTH FL 33460**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 07/24/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0769513	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 A 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	4. City / State / Zip
P	RODRIGUEZ, PEDRO	302 SOUTH DIXIE HWY	LAKE WORTH FL 33460

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-11/09/99--01005--020
*****750.00 *****750.00

8. Name and Address of Current Registered Agent

**HERNANDEZ, RUFINO
302 SOUTH DIXIE HWY
LAKE WORTH FL 33460**

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

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 *Rufino Hernandez* **REQUIRED**
REGISTERED AGENT MUST SIGN

Date **10-28-99**

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: *Rufino Hernandez* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10-28-99** Daytime Phone #

CR25040 (8/99)

AD