

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2001
CORPORATION
REINSTATEMENT
Uniform Business Report

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

DOCUMENT # P97000104029

1. Corporation Name
FOOD TIME PRODUCTS OF MIAMI, INC.

2. Principal Office Address
18302 SW 33 ST
Suite, Apt. #, etc.

3. Mailing Office Address
18302 SW 33 ST
Suite, Apt. #, etc.

City & State
MIRAMAR, FL

City & State
MIRAMAR, FL.

Zip
33029 Country
BROWARD

Zip
33029 Country
BROWARD

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****158.75 ****158.75

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-08004522 Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
JOSE VILLARROEL

Street Address (P.O. Box Number is Not Acceptable)
1100 W 29th ST ste b

Suite, Apt. #, Etc.

City
HIALEAH, F State
FL Zip Code
33012

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 _____ Date **12/05/2001**

REGISTERED AGENT MUST SIGN

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
D/vip	JOSE VILLARROEL	1480 NW 110 Ave	PLANTATION, FL 33322
Pdt/D	ALFREDO CORTES	18302 SW 33 ST	MIRAMAR, FL 33029

T. LEWIS DEC 12 2001

10. 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]* **JOSE VILLARROEL, Vp'd** **954-382-3031**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)