

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 2:49

DOCUMENT # P98000010742.

1. Corporation Name

FOOD ACTION, INC.

Principal Place of Business

448 ESPANOLA WAY
MIAMI BEACH FL 33139

Mailing Address

448 ESPANOLA WAY
MIAMI BEACH FL 33139

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/03/1998

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	CULOTTA, MARCELO E	448 ESPANOLA WAY	MIAMI BEACH FL 33139
DV	STEIMBRECHER K., RODOLFO	448 ESPANOLA WAY	MIAMI BEACH FL 33139

100003038831--7
-11/09/99--01004--014
***750.00 ***750.00

8. Name and Address of Current Registered Agent

BARRETO, LUIS E ESQ
100 S BISCAYNE BLVD SUITE 1101
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name
VEGA, JOSE
Street Address (P.O. Box Number is Not Acceptable)
25 S.E. 2 Ave
Suite, Apt. #, Etc.
410
City
Miami
State
FL
Zip Code
33131

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

REGISTERED AGENT MUST SIGN

Date 10-13-99

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RODOLFO STEIMBRECHER K.

10/14/99 (305) 532-5505

Date

Daytime Phone #

AD