

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 NOV -5 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000080610

1. Corporation Name

LATINFOOD NETWORK CORPORATION

Principal Place of Business

1400 NW 79 AVE
MIAMI FL 33126

Mailing Address

1400 NW 79 AVE
MIAMI FL 33126

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

09/17/1998

5. FEI Number

65-0906489

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	WEILL, ROBERT A *	1400 NW 79 AVE	MIAMI FL 33126

8000004705588-156
-12/05/01--01028--008
****150.00 ****150.00

8. Name and Address of Current Registered Agent

WEILL, ROBERTO A *

1400 NW 79 AVE
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name

Weill Rolando A.

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

1400 N.W 79 Ave

Suite, Apt. #, Etc.

City

Miami Fl

State

FL

Zip Code

33126

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]
REGISTERED AGENT MUST SIGN

Date

Nov. 1 2001

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

Date

Daytime Phone #

NOV. 1 2001



latin food network corp.

208

Miami, November 1 2001

Florida Department of State

Division of Corporations

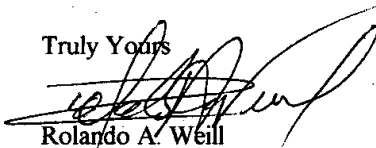
Dear Sirs:

Please find attached our check for the amount of \$ 150.00 for the reinstatement of our company LATINFOOD NETWORK CORPORATION.

Note that we never received the original (First) notification. This is why payment was never made on time.

Thanking you in advance for your help ,

Truly Yours


Rolando A. Weill

Phone 305-7160078 ext 205