PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

00-01 UBL

FILED
01 MAY 21 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000116190

1. Corporation Name

JIC FOOD CORP.

2. Principal Office Address	**3.** Mailing Office Address
9350 S. Dadeland Blvd.	9350 S. Dadeland Blvd
Suite, Apt. #, etc. # 201.	Suite, Apt. #, etc. # 201
City & State MIAMI	City & State MIAMI
Zip 33156 Country U.S.A.	Zip 33156 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 2-18-1999.

5. FEI Number 65-0897580 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required

7. Name and Address of Current Registered Agent

Name: JOHN F. SALAZAR

201.25 - AR
10.00 - ARARTS
88.75 - ARREINP

LS

Street Address (P.O. Box Number is Not Acceptable): 9350 S. DADELAND Blvd

Suite, Apt. #, Etc.: # 201.

City: MIAMI State: FL Zip Code: 33156

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 _____ REGISTERED AGENT MUST SIGN Date 5-16-01.

CR2E081 (9/00)

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.	JOHN F. SALAZAR	9350 S. DADELAND Blvd # 201	MIAMI FL 33156

600004430766--2
-06/19/01--01110--013
****300.00 ****300.00

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: _____ JOHN F SALAZAR 5-16-01 (305) 761-6707.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #