PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 SEP 18 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000053145

1. Corporation Name
JOC Food Distributors Inc

2. Principal Office Address	3. Mailing Office Address
10754 SW 188 St	18600 SW 127 Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Fl	City & State: miami Fl
Zip: 33157 Country:	Zip: 33177 Country:

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida: June 9 1999

5. FEI Number: 65-0941341 (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: Juan Cabrales

100004610781--8
-09/25/01--01082-028
****900.00 ****900.00

Street Address (P.O. Box Number is Not Acceptable): 18600 SW 127 Ct

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33177

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: 9/17/01
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
Pres	Juan Cabrales	18600 SW 127 Ct	miami fla 33177
vicPres tres	odalys Cabrales	18600 SW 127 Ct	miami fla 33177

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: _____ 9/17/01 (305) 898-4998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #