PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JAN -2 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000099718

1. Corporation Name: VENBRAS GOURMET DISTRIBUTORS, INC.

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-01/1/01--01100--01
****750.00 ****750.00

Principal Place of Business	Mailing Address
1120 PARK VIEW LN	1120 PARK VIEW LN
LARGO, FL 33770	LARGO, FL 33770

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

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
	MCO 234
Suite, Apt. #, etc.	Suite, Apt. #, etc. 4440 N.W. 73 AVE
City & State	City & State MIAMI, FL
Zip / Country	Zip 33166 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/12/1999

5. FEI Number: 65-0966749 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	CHUMACEIRO, ABRAHAM	1120 PARK VIEW LN	LARGO FL 33770
D	CHUMACEIRO, ALEJANDRO	1120 PARK VIEW LN	LARGO FL 33770
D	CHUMACEIRO, EDUARDO	1120 PARK VIEW LN.	LARGO, FL 33770
D	SHULZ, RICARDO	1120 PARK VIEW LN	LARGO FL 33770
D	CORRALES, MARTIN	1120 PARK VIEW LN	LARGO FL 33770

8. Name and Address of Current Registered Agent

CORRALES, MARTIN
1120 PARK VIEW LN
LARGO FL 33770

9. Name and Address of New Registered Agent

Name: MANUEL A. MESA, ESQ
Street Address (P.O. Box Number is Not Acceptable): 100 S.E. 2nd STREET 37th Floor
Suite, Apt. #, Etc.:
City: MIAMI State: FL Zip Code: 33131

10. I being appointed 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: 12/28/00

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information submitted is deemed exempt from public access. 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 upon 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., and that all fees owed by the corporation have been paid. 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] 12/28/00 (305) 863-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #