

I. By: M;

3053794404;

NOV-29-00 3:57PM;

Page 2/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
 General Counsel  
 Secretary of State  
 Division of Corporations
**DOCUMENT # P99000099718**

1 Corporation Name:

**VENBRAS GOURMET DISTRIBUTORS, INC.****FILED**

01 JAN-2 PM 1:57

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA000003539590-  
1111100-1100-04

WHR\$750.00 \*\*\*750.00

Principal Place of Business

1120 PARK VIEW LN  
LARGO, FL 33770

Mailing Address

1120 PARK VIEW LN  
LARGO, FL 33770

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

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

NCO 234

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4440 N.W. 73rd AVE

City &amp; State

City &amp; State

MIAMI, FL

Zip

Zip

33166 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 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	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.  
State, Muster, etc. for further information is Not Applicable  
100 SF. 2 # STREET 37<sup>th</sup> Floor  
State, Apt. #, Etc.  
MIAMI  
State: FL Zip Code: 33131

10. I, being appointed registered agent of the above named corporation, am familiar with and accept the conditions of section 807.050a, F.S.

Signature of  
Registered Agent: *M. Alvarado*

Date: 12/28/00

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the  
Dep. of Revenue under S. 199.032, Florida Statutes? Yes  No (See other side for Intangible  
Tax instructions.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Chapter 119.07(3)(K), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(K) in the event that the information supplied 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 875, C. 817, 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 817.0401 or C-7.0409, 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: *J. Alvarado*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/00 (305) 863-1000  
Date Daytime Phone #