## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT** #

S03384

1. Corporation Name

TOTAL TENE

d To

THE REPORT OF THE PARTY OF THE

BE LE ORIENTAL VEGETABLES CORPORATION

Principal Place of Business

Mailing Address

15213 BALM WIMAUMA ROAD

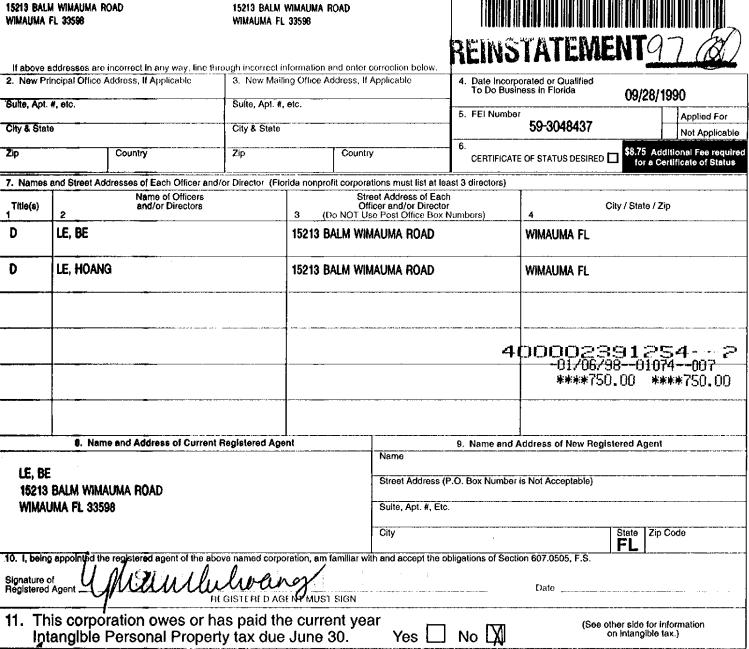
15213 BALM WIMAUMA ROAD

FILED

97 DEC 31 AM 10: 53

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Daylimo Phone #



12. 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

Manufulwary HOANG PHANLE

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.