

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 SEP 19 PM 2:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **S61698**

1. Corporation Name

PEDDINE FOOD RETAILERS CORP

2. Principal Office Address - No P.O. Box #

13155 IXORA COURT

3. Mailing Office Address

Suite, Apt. #, etc.

SUITE 702

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL.

City & State

SAME

Zip

Country

33181

USA

Zip

Country

REINSTATEMENT

CR2E081 (1/07)

06-07

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650277102

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

IGNACIO DUQUESNE

Street Address (P.O. Box Number is Not Acceptable)

1701 SW 99 PL.

Suite, Apt. #, Etc.

City

MIAMI FL.

State

FL

Zip Code

33145

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

Date **9/18/07**

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
D	JOHN BORZELLO	201 178 DR.	33140 SUNNY ISLES BEACH FL.
D	VINCENT BORZELLO	13155 IXORA COURT	NMB FL. 33181

100110255081
10/04/07--01016--011 **300.00

10. I certify that I am an officer or director of 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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/07

Date

Daytime Phone #

M. Williams SEP 19 2007

9/18/07

FROM PEARLINE FOOD RETAILERS INC

DEAR SIR OR MADAM.

we're writing, AND ASK TO be PARDON:
THE REASON why THIS MATTER WAS
NOT TAKING care of sooner is because
NO MAIL WAS SEND TO US AT THE
ABOVE MENTIONED ADDRESS.

THANK YOU FOR THE
ATTENTION TAKING ON
THIS MATTER.

FOR PEARLINE FOODS

YOURS TRULY

JOHN BOAREND