

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

**PERRINE 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

**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

*[Handwritten 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 SWAN ISLES BEACH FL.
D	VINCENT BORZELLO	13155 IXORA COURT	MIAMI FL. 33181

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

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 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

*[Handwritten Signature]*

**9/18/07**

Date

Daytime Phone #

9/18/07

FROM PERLINE 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 PERLINE FOODS

YOURS TRULY

  
JOHN BOARDMAN