PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 NOV -6 PM 4:52

DOCUMENT # V42161 (2) 1995-1996

1. Corporation Name
NEW CARIBBEAN FOOD CORPORATION

Mailing Address	Principal Place of Business
~~1385 PALM AVENUE~~	~~1385 PALM AVENUE~~
~~HIALEAH FL~~	~~HIALEAH FL~~

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

2. New Mailing Address, If Applicable	3. New Principal Office Address, If Applicable
2621 W. Flagler St.	2621 W. Flagler Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33125 Country: USA	Zip: 33125 Country: USA

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida: 06/09/1992

5. FEI Number: 65-0352464 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 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) 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
PD	PEREZ, GUADALUPE D.	887 W 29 ST APT 1	HIALEAH FL
SD	BARRIOS, JENIFFER	887 W 29 ST APT 1	HIALEAH FL

500002004345--6
-11/14/96--01037-014
****575.00 ****575.00

8. Name and Address of Current Registered Agent

PEREZ, GUADALUPE D.
~~887 W 29 ST APT 1~~ 2621 W. Flagler St.
~~HIALEAH FL 33012~~ Miami FL 33125

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Guadalupe D. Perez (REGISTERED AGENT MUST SIGN) Date: NOV. 04, 1996

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information)

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

13. 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 fu... release the Division of Corporations from any liability of non compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. ... certify that I am an officer or director of the reserver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filin... 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 ... liens 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: Guadalupe D. Perez GUADALUPE D. PEREZ, NOV. 04, 1996 362-9139
SIGNATURE AND TYPED OR PRINTED NAME OF ACTING OFFICER OR DIRECTOR — Date — Daytime Phone #