


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		FILED 99 SEP 22 PM 12:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA																																					
DOCUMENT # V42161 (2)																																									
1. Corporation Name NEW CARIBBEAN FOOD CORPORATION																																									
Mailing Address 2621 West Flagler St. Miami Florida 33125		Principal Place of Business 2621 West Flagler Street Miami Florida 33125																																							
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		4. Date Incorporated or Qualified To Do Business in Florida 06/09/1992																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																							
City & State		City & State		5. FEI Number 65-0352464																																					
Zip		Country		Applied For Not Applicable																																					
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)																																									
<table border="1"><thead><tr><th>Title(s)</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>1</td><td>2</td><td>3</td><td>4</td></tr><tr><td>P D</td><td>PEREZ, GUADALUPE D.</td><td>887 West 29 Street Apt.1</td><td>Hialeah Florida</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>						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	P D	PEREZ, GUADALUPE D.	887 West 29 Street Apt.1	Hialeah Florida																								
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																																						
P D	PEREZ, GUADALUPE D.	887 West 29 Street Apt.1	Hialeah Florida																																						
8. Name and Address of Current Registered Agent PEREZ, GUADALUPE D. 2621 West Flagler Street Miami Florida 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 <i>X Guadalupe D. Perez</i> Date September 21, 1999 REGISTERED AGENT MUST SIGN																																									
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (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 <input checked="" type="checkbox"/> No <input type="checkbox"/> (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)(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 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., 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: <i>X Guadalupe D. Perez</i>				September 21, 1999 (305) 362-9139																																					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #																																					