

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



FILED
 00 OCT 23 PM 12:49
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # F95000002994
 1. Corporation Name
 CARIBBEAN FOOD DELIGHTS, INC.



REINSTATEMENT 00

Principal Place of Business Mailing Address
 620 S. FULTON AVE. 117 ROUTE 303
 MT VERNON NY 10550 STE. B
 TAPPAN NY 10983

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

2. New Principal Office Address, if Applicable 3. New Mailing Office Address, if Applicable
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 06/19/1995
 5. FEI Number 13-3222970 Applied For Not Applicable
 6. CERTIFICATE OF STATUS DESIRED \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTDC	HOSANG, VICENT	2 FARHILL LANE	PLEASANT VILLE NY 10570
VSDC	HOSANG, JEANETTE	2 FARHILL LANE	PLEASANT VILLE NY 10570

200003457532--2
 11/08/00 01005 025
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent
 SMITH, EVERETT A
 4801 S. UNIVERSITY DR.
 STE. 102
 DAVIE FL 33328

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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 [Signature] Date 10/20/00
 REGISTERED AGENT MUST SIGN

11. 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)(j), 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] President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Vincent HoSang

10/18/00 845-398-3000
 Date Daytime Phone #

KE

CR2E040 (8/00)