


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV 12 PM 3: 29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P03000045931</b> 1. Entity Name <b>MINIMARKET GRANADINO, INC.</b>	
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Principal Place of Business <b>1471 SW 1ST STREET MIAMI, FL 33135</b>	Mailing Address <b>1471 SW 1ST STREET MIAMI, FL 33135</b>
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2. Principal Place of Business <b>1743 W. FLAGLER ST</b> Suite, Apt. #, etc.	3. Mailing Address <b>1743 W. FLAGLER ST</b> Suite, Apt. #, etc.
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10222004 REIN-P CR2E098 (6/04)

City & State <b>MIAMI, FLORIDA</b>	City & State <b>MIAMI, FLORIDA</b>	4. FEL Number <b>33-1055056</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33135</b>	Zip <b>33135</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>GALAN, JUAN A 1451 SW 1ST STREET MIAMI, FL 33135</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>240 S.W. 21 AVE</b>  City <b>MIAMI</b>
State <b>FL</b>	
Zip Code <b>33135</b>	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALAN, JUAN A 1471 SW 1ST STREET MIAMI, FL 33135	TITLE <b>PD</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>GALAN, JUAN A 240 S.W. 21 AVE MIAMI, FLORIDA 33135</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LACAYO, MERLING 1471 SW 1ST STREET MIAMI, FL 33135	TITLE <b>VD</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>LACAYO, MERLING 240 S.W. 21 AVE MIAMI, FLORIDA 33135</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200042693102 11/12/04--01048--007 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Brutus</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Juan A Galan*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **11/10/05** Daytime Phone #: **305-541-0040**