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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 31 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L71808**

1. Corporation Name
7 DAYS FOOD MARKET INC

2. Principal Office Address 1696 S. 22nd AVE		3. Mailing Office Address 1696 S 22nd AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HOLLYWOOD FL.		City & State HOLLYWOOD, FL.	
Zip 33020	Country USA	Zip 33020	Country USA

REINSTATEMENT 04-05
MRB

4. Date Incorporated or Qualified To Do Business in Florida **5/90**

5. FEI Number **65-0208553** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **NASSER SALAMA**

Street Address (P.O. Box Number is Not Acceptable)
8601 NW 34 PL.

Suite, Apt. #, Etc. **#102A**

City **SUNRISE** State **FL** Zip Code **33351**

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 **Nasser Salama** Date **12.24.04**

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
P/ST PRS/SEC/TR	NASSER SALAMA	8601 NW 34 PL #102A	SUNRISE, FL. 33351

700046293857
02/10/05--01010--025 **308.75

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 under section 119.07(3)(l), 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: **Nasser Salama** Date **12.24.04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 (01/04)

2 of 2

7 DAYS FOOD MARKET INC.
1696 S 22nd Ave, Hollywood, FL 33020

**His Excellency
The secretary Of State
Division of Cooperation
Florida,**

December 24, 2004

Sirs, Madams,

Document Number :L71808

With due respect we would like to submit our request to waive the penalty of the late filing of 2004 UBR.

Our attention was not withdrawn to that because we did not receive the notice to file.

While we regret the inconvenience which may occur, please accept our best wishes for Happy Holydays, a Merry Christmas and a happy new year 2005 for all.

Yours Faithfully



**Nasser Salama
President**

Enclosure. chk # 1247 \$ 158,75