

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 MAY -8 PM 3:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 280355 (9)

1. Corporation Name  
Humpty Dumpty Food Stores Inc

Principal Place of Business Mailing Address  
20156-58 W Dixie Hwy 20156-58 W Dixie Hwy  
Miami FL 33180 Miami FL 33180

REINSTATEMENT 95-97

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4-10-1964	
City & State		City & State		5. FEI Number	
Zip		Country		59-1058813	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> 875 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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres	Lightfoot, CLAWN I JR	4560 Lake Como Terr	Miami Lakes FL 33014
Secy	Lightfoot JUNE A	4560 Lake Como Terr	Miami Lakes FL 33014
U-PR	Lightfoot, CLAWN III	4560 Lake Como Terr	Miami Lakes FL 33014
			200002178432--5 -05/14/97--01086--005 ***1087.75 ***1087.75
			95-1397

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Lightfoot CLAWN I JR 4560 Lake Como Terr Miami Lakes FL 33014		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 607.0805, F.S.

Signature of Registered Agent: *[Signature]* Date: 5/5/97  
REGISTERED AGENT MUST SIGN

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

12. 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)(i), 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]* CLAWN I. Lightfoot Jr 5/5/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
305-931-3293

CPRE040 (12/96)