) ALL INSTRUCTIONS	BEFORE CO	OMPLETING THIS FORM.
AMLICATION 1 FOR ASSET THE REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		to the second se
DOCUMENT # 504 278			97 MAR 17 AM 7:56
1. Corporation Name OPPORTUNITY SUPERMARKET			SECRETARY OF STATE TALL AHASSEE FLORIDA
Principal Place of Business 8360 BISCAY NE MIAMI RI 3313			
If above addresses are incorrect in any way, line through incorrect information and enter corr New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable			REINSTATEMENT DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified To Do Business in Florida 7 76
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. FELMumber 103 055 Applied For
City & State Zip Country	City & State		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
7. Names and Street Addresses of Each Officer at	nd/or Director (Florida nonprofit corpor	rations must list at least	for a Certificate of Status
Title(s) and/or Directors C		reet Address of Each fficer and/or Director Jse Post Office Box Nur	City / State / Zip
Pres, Manuel Lastro	3010 W	est 11 Av	e Hialeah, Ff 33012
Sear Esteban Loui	eiro 1200 Su	078CH	MIAMI, 7 33144
			3000021162539 -03/18/9701075005 ****1088.75 ***1088.75
8. Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent
JORGE ROBETTA ENO BRICKERL AVENUE SUITE GOS MIAMI, FL 33131		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
	· · · · ·	City	State Zip Code
nedistered with 2	bove named corporation, am familiar v	vith and accept the oblig	Date 1-25-55
11. Does this corporation pay Dept. of Revenue under S			No See other side for information on intangible tax.)
lease the Division of Corporations from any kal certify that I am an officer or director or the re- this re-installement application the reason for d	bility of non-compliance with Section 1 ceiver or trustee empowered to execut issolution has been eliminated, the co	19.07(3)(k) in the event te this application as pro roorate name satisfies t	or the exemption stated in Section 119.07(3)(k), Florida Statutes. I rethat the information supplied is deemed exempt from public access. I ovided for in chapter 607 or 617, F.S. I further certify that when filing the requirements of section 607.0401 or 617.0401, F.S., and that all curate, and my signature shall have the same legal effect as if made
SIGNATURE: SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER OR		1-28-97 305 757 5791 Date Daytime Phone #