

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED

99 OCT 22 PM 3:1

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F98000006511**

1. Corporation Name
CRESCENT FOOD SALES, INC.

Principal Place of Business Mailing Address
 3220 S.W. 2ND AVE. FT. LAUDERDALE FL 33315
 3220 S.W. 2ND AVE. FT. LAUDERDALE FL 33315



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

2. New Principal Office Address, If Applicable <i>Suite 100</i>		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 11/30/1998	
Suite, Apt. #, etc. <i>1975 East Sunrise Blvd</i>		Suite, Apt. #, etc. <i>1975 East Sunrise Blvd. Suite 100</i>		5. FEI Number 22-2497525	
City & State <i>Ft. Lauderdale Florida</i>		City & State <i>Ft. Lauderdale Florida</i>		Applied For Not Applicable	
Zip <i>33304</i>	Country <i>U.S.A</i>	Zip <i>33304</i>	Country <i>U.S.A.</i>	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>§8.75. A fee of \$100 is required for a Certificate of Status.</small>	

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	4 City / State / Zip
CDPT	STAVITSKY, JEFFREY	2480 LEMONE AVE. 555 RT. 1 SOUTH	FT. LEE NJ 07024 ISELTON, N.J. 08830
SW	DIPASQUALE, DILIO	2480 LEMONE AVE. 555 RT. 1 SOUTH	FT. LEE NJ 07024 ISELTON, N.J. 08830
<p>REINSTATEMENT <u>99</u> ITS</p> <p>000003034800--7 -11/04/99--01049--008 *****750.00 *****750.00</p>			

8. Name and Address of Current Registered Agent KLIGER, GENE 3220 S.W. 2ND AVE. FT. LAUDERDALE FL 33315		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>1975 East Sunrise Blvd. Suite 100</i> Suite, Apt. #, Etc. <i>100</i> City <i>Fort Lauderdale</i> State FL Zip Code 33304	
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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 *Gene Kliger* **REQUIRED** Date *10/19/99*
 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)(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: *Jeffrey Stavitsky* **REQUIRED** Date *10/19/99* *732-464-1046*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #