


PLEASE READ ALL INSTRUCTIONS BEFORE C

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G60666
1. Corporation Name
MARYLAND CLUB FOODS, INC.

2. Principal Office Address 2255 GLADES ROAD, STE 100E		3. Mailing Office Address 2255 GLADES ROAD	
Suite, Apt. #, etc. SUITE 100E		Suite, Apt. #, etc. SUITE 100E	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33431	Country USA	Zip 33431	Country USA

REINSTATEMENT *0-63*

4. Date Incorporated or Qualified To Do Business in Florida 09-21-1983	
5. FEI Number 59-2149033	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name FRANK L. BATON	
Street Address (P.O. Box Number is Not Acceptable) 200 S. BISCAYNE BOULEVARD	
Suite, Apt. #, Etc. SUITE 4900	
City MIAMI	Zip Code 33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent: *Frank L. Baton* Date: *1/06/03*

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/S/T/D	PARDO, JOSEPH A	2255 GLADES ROAD, STE 100E	2255 GLADES ROAD, STE 100E

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)(f), F.S. The information indicated on this application is true and correct, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Joseph A. Pardo* PRESIDENT Date: *1/7/03* Phone: *540-328-7574*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florida Department of State
Division of Corporations
Public Access System

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Clara Diaz

CORPORATION REINSTATEMENT

MARYLAND CLUB FOODS, INC.

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$908.75