

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR <i>98-99</i> REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K35876			
1. Corporation Name RAINBOW FOOD MARKET, INC.			
Principal Place of Business 16722 N.E. 6TH AVENUE NORTH MIAMI BEACH FL 33162		Mailing Address 16722 N.E. 6TH AVENUE NORTH MIAMI BEACH FL 33162	
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number	
10/03/1988		65-0075490	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		APPLIED <input checked="" type="checkbox"/> SP Not Applicable	
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
PVPT	KHAN, ABDUS S.	2381 N.W. 171 TERRACE	MIAMI FL 33055
S	KHAN, MARIA E.	2381 N.W. 171 TERRACE	MIAMI FL 33055
			600002964926--0
			-08/19/99--01086--003
			****900.00 ****900.00
8. Name and Address of Current Registered Agent			
9. Name and Address of New Registered Agent			
KHAN, ABDUS S. 2381 N.W. 171 TERRACE MIAMI FL 33055		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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 <i>Abdus S. Khan</i>		Date <i>6-30-99</i> <i>8-9-99</i>	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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: <i>Abdus S. Khan</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ABDUS S. KHAN (305) 770-0693 (305) 624-5844 Date <i>6-30-99</i> Daytime Phone # <i>8-9-99</i>			

FILED
99 AUG 12 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *98-99*

CR2ED40 (9/98)