

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 98 AUG 17 AM 8:36

DOCUMENT # L71808

1. Corporation Name
 7 DAYS FOOD MARKET INC 9/26/97

Principal Place of Business (Mailing Address)
 8601 NW 34 PL #102A 2800 NW 21 AVE
 SUNRISE FL 33351 Ft Land. FL 33311

100002626121--3
 -08/26/98-01101-014
 ****408.75 ****408.75
 100002626121--3
 -08/26/98-01101-015
 ****500.00 ****500.00

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

2. New Principal Office Address, If Applicable 2800 NW 21 AVE Suite, Apt. #, etc. Ft Land. FL City & State 33311 Broward Zip Country	3. New Mailing Office Address, If Applicable NA Suite, Apt. #, etc. City & State Zip Country	4. Date Incorporated or Qualified To Do Business in Florida 5/7/1990	5. FEI Number 65-020 8553 Applied For Not Applicable
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PR/Sec	YOHANNA SALAMA	8601 NW 34 PL	FLORIDA, 33351
VP	NAZLY SALAMA	SUITE 102A	
TR.	YOHANNA SALAMA		

REINSTATEMENT 1997-1998
 (B) (C) (V) (S)

8. Name and Address of Current Registered Agent YOHANNA SALAMA 8601 NW 34 PL #102A SUNRISE FL. 33351	9. Name and Address of New Registered Agent Name: NA Street Address (P.O. Box Number is Not Acceptable): Suite, Apt. #, Etc.: City: State: FL Zip Code:
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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: YOHANNA SALAMA REGISTERED AGENT MUST SIGN Date: 8.9.1998

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: YOHANNA SALAMA 8-9-98 (954) 923 4999
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2000 (1/98)