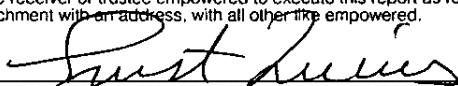


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # L84904 1. Entity Name HAITI SUPERMARKET, INC.						FILED 05 JUN 29 PM 2:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business C/O ERNST LUCIUS 300 W SUNRISE BLVD. #13 FT. LAUDERDALE, FL 33311				Mailing Address 4340 NW 3RD PLACE FT. LAUDERDALE, FL 33304							
2. Principal Place of Business		3. Mailing Address		 REINSTATEMENT 04-05 06142005 REIN P CR2E098 (1/04)							
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State		City & State									
Zip		Zip									
Country		Country		4. FEI Number 65-0200916		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required		TOP							
6. Name and Address of Current Registered Agent								7. Name and Address of New Registered Agent			
LUCIUS, ERNST 300 W SUNRISE BLVD. FT. LAUDERDALE, FL 33311								Name Street Address (P.O. Box Number is Not Acceptable) City			
State								State			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>											
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCIUS, ERNST 300 W SUNRISE BLVD. FT. LAUDERDALE, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	600056344016 06/20/05--01019--009 **300.00						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.											
SIGNATURE: 				6-14-05							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #							