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STATE
FLORIDA

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA 01 OCT 22 PM 3: 25	
DOCUMENT #		M95414			
1. Corporation Name 2600 DELI, INC.					
Principal Place of Business 2600 DOUGLAS ROAD CORAL GABLES FL 33145		Mailing Address 2600 DOUGLAS ROAD CORAL GABLES FL 33145			
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		4. Date Incorporated or Qualified To Do Business in Florida 08/12/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0070788	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
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		
PS	MARQUEZ, ENRIQUE	2600 DOUGLAS RD.	CORAL GABLES FL 33145		
VT	CASTILLO, EVANGELINA	2600 DOUGLAS RD.	CORAL GABLES FL 33145		
			300004672923--9		
			-11/08/01--01070--014		
			****150.00 ****150.00		
			SP		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
MARQUEZ, ENRIQUE 2600 DOUGLAS RD. CORAL GABLES FL 33145			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		SIGNATURE REQUIRED		Date	
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: Evangelina Castillo 10/14/01 (305) 442-2163					

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October 18, 2001

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: 2600 Deli, Inc.
Document #M95414
FEI #65-0070788

To Whom It May Concern:

Please be advised that I never received my 2001 annual corporate report form, and for this reason, I wish to have my corporation reinstated.

I have enclosed \$150.00, and signed the foregoing in front of a Notary Public, in order to proof this wherever it is necessary.

Please note that my zip code has been printed incorrectly on the report, and I wish to have it changed accordingly.

Thank you for your attention, as I await your reply.

Respectfully,

2600 Deli, Inc.



Evangelina Castillo, Director
2600 Douglas Road, 1st Floor
Coral Gables, FL 33134

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged, before me, on this 18th day of October, 2001, by Evangelina Castillo, who produced FL.DR.LIC.#C234-200-62-589-0, as identification.


NOTARY PUBLIC

