

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION FOR REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE  
 Kathleen Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED 192  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

01 OCT 22 PM 3: 25

DOCUMENT # M95414

1. Corporation Name

2600 DELI, INC.

Principal Place of Business

Mailing Address

2600 DOUGLAS ROAD  
 CORAL GABLES FL 33145

33134

2600 DOUGLAS ROAD  
 CORAL GABLES FL 33145

33134



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

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$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 33134
VT	CASTILLO, EVANGELINA	2600 DOUGLAS RD.	CORAL GABLES FL 33145 33134
			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

33134

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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Evangelina Castillo

Date

Daytime Phone #

10/18/01 (305) 442-2163

CR2E040 (8/01)

292

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, 1<sup>st</sup> Floor  
Coral Gables, FL 33134

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

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



NOTARY PUBLIC

