

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 5:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000008696

1. Corporation Name

Partner's Deli, Inc

2. Principal Office Address

5601 Hiatus Rd

3. Mailing Office Address

3001 NE 52 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tamarac, FL

City & State

Lighthouse Point, FL

Zip

33321

Country

USA

Zip

33064

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01-20-2000

5. FEI Number

65-0986541

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DENNIS LUCAS

Street Address (P.O. Box Number is Not Acceptable)

3001 NE 52 ST

Suite, Apt. #, Etc.

City

Lighthouse Point

State
FL

Zip Code

33064

100008836101

11/05/02--01124--017 *\$758.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

11-4-02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Dennis Lucas	3001 NE 52 ST 3001 NE 52 ST	Lighthouse Pt, FL 33064
T/D	Todd Josephson	9968 Marsale Way	Delray Beach FL, 33446

10. 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:

[Signature]

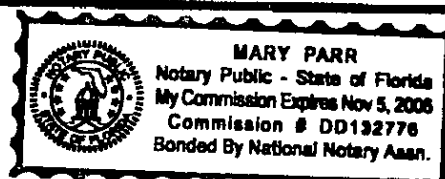
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/4/02

Daytime Phone #

Todd Josephson



Mary Parr