PLEASE READ ALL INSTRUCTIONS BEFORE COMPL

FILED
Feb 03, 2004 8:00 A.M.
Secretary of State

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000036157

1. Corporation Name
Broadway Deli Inc.

REINSTATEMENT 03-04

2/9/04 01022 035 $ 700.00

2. Principal Office Address	3. Mailing Office Address
85 E. Merritt Ave	85 E. Merritt Ave
Suite, Apt. #, Etc.	Suite, Apt. #, Etc.
City & State: Merritt Island, FL	City & State: Merritt Island, FL
Zip: 32953 County:	Zip: 32953 County:

4. Date Incorporated or Qualified To Do Business in Florida: 04/10/2000

5. FEI Number: 593638035

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: Kenneth L. Hewett

Street Address (P.O. Box Number is Not Acceptable): 85 E. Merritt Ave

Suite, Apt. #, Etc.:

City: Merritt Island | State: FL | Zip Code: 32953

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] Date: 1/20/04

REGISTERED AGENT MUST SIGN

CR2E018 (10/02)

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	Kenneth L. Hewett	85 E. Merritt Ave	Merritt Island, FL 32953
V	Elizabeth J. Hewett	85 E. Merritt Ave	Merritt Island, FL 32953

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] Kenneth Hewett 1/20/04 401-714-5968

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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