

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2005 OCT 31 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000043784

1. Corporation Name

I & L EUROPEAN DELI, INC

2. Principal Office Address

1489 PALM COAST PKW

Suite, Apt. #, etc.

4

City & State

PALM COAST FL

Zip

32137

Country

USA

3. Mailing Office Address

1489 PALM COAST PKW

Suite, Apt. #, etc.

4

City & State

PALM COAST FL

Zip

32137

Country

USA

REINSTATEMENT

CR2E081 (8/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

05.02.2000

5. FEI Number

59-3645368

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

ZOYA MOLOKHER

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

12 Buffalo Bill Place

Suite, Apt. #, Etc.

City

Palm Coast

State

FL

Zip Code

32137

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

Joey Mh

REGISTERED AGENT MUST SIGN

Date 10.26.2005

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
SVD	ZOYA MOLOKHER	12 BUFFALO BILL PL	PALM COAST, FL 32137

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:

Joey Mh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.26.2005

Date

Daytime Phone #

2/2

10/27/05

From: I & L European Deli, Inc.
1489 Palm Coast Pkwy
Palm Coast, FL 32137
386 447-9919

To: FLORIDA DEPARTMENT OF STATE
Division of Corporations
Clifton building
2661 Executive Center Circle
Tallahassee, FL 32301

To whom it may concern:

We would like to ask for reinstatement fee waiver due to the fact that we never received in our mail notices of intend to dissolve in 2003, 2004, 2005. As soon as we found out about this problem. We are trying our best to correct this situation.

Financially this business is not in a very good shape but we trying to keep it a float. We deeply apologize and we will keep an eye on this issue in the future.

We also would like to ask you to change status to active ASAP. Check for all missed years is enclosed.

Blessings,

SVD

Zoya Moloksher

