

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUN -4 PM 3:21

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P0000058295

1. Corporation Name

SILVER FOOD MARKET INC.

Principal Place of Business

Mailing Address

1170 NW 7TH AVE MIAMI FL 33136

1170 NW 7TH AVE MIAMI FL 33136



REINSTATEMENT 01-02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

same

3. New Mailing Office Address, If Applicable

same

4. Date Incorporated or Qualified To Do Business in Florida

06/15/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

same 65-1034913

Applied For

City & State

City & State

Not Applicable

Zip Country Zip Country

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
PD	ABDELJAWAD, FAHIMAH	1170 NW 7TH AVE	MIAMI FL 33136

600005823326-7
-06/18/02--01074--025
****900.00 ****900.00

ABJ/13

8. Name and Address of Current Registered Agent

ABDELJAWAD, FAHIMAH
1170 NW 7TH AVE
MIAMI FL 33136

9. Name and Address of New Registered Agent

Name ABDELJAWAD FAHIMAH
Street Address (P.O. Box Number is Not Acceptable) 1170 NW 7th Ave
Suite, Apt. #, Etc. same
City Miami
State FL Zip Code 33136

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 Fahima Abdeljawad
REGISTERED AGENT MUST SIGN

Date 10-29-01

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)(l), 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: Fahima Abdeljawad
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-29-01 305-545-5165
Daytime Phone #

CF2E040 (801)