

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

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

06/15/2000

5. FEI Number

same 65-1034913

Applied For

Not Applicable

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
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.
Miami
City

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
Daytime Phone # 305-545-5165

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