PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINS	PORAT	ENT		DIVI	DEPART Secretary SION OF C	y of Stat		ł	01. 8	F 11.	PM	3:51	NA	
DOCUMENT # \$\infty 000000 \(5 8395 \) 1. Corporation Name										XHXS	51 F - 1	STATE) 14	
Silver Food market inc									4 09/0	· OO ()1/04-	040 -010) 7 3:1 4600	L81: 19 **3	4 800.00
2. Principal	Office Addre				3. Mailing Office Address				INST	ATT		CNT	, 24~	7 iM
1170 NW 7 AVC Suite, Apt. #, etc.				 	Suite, Apt. #, etc.				ion a Ca B	9 2 2 5	声 罗克·亚亚	miV8	<u>U</u>	
ļ	,								4. Date incorp				1	(67)
City & State				City & State	City & State				5. FEI Numbe			06-		pplied For
miami FL				SAME				65-1	034	191	3	 +	ot Applicable	
교 3313	36	Country	Je	Zip Syg(Y	10	Country	m e		6. CERTIFICATI	E OF STATU	JS DESIRI			af Fee required ate of Status
		- <u>1</u> 2011	<i>)</i>				Current Regis	stered	d Agent					
,	Name FAHIMAH · ABDEL JAWAD Street Address (P.O. Box Number Is Not Acceptable) 1170 NW 7AUC Suite, Apt. #, Etc. City Miguri State Zip Code FL 33136													
Signature of Registered Agent Agent Agent Agent MUST SIGN Signature of Registered Agent Agent Agent Agent Agent Registered Regi														
9. Names	and Street A	ddresses	of Each Officer a	nd/or Director (Fi	orida nonpro				st 3 directors)	1				
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director					<u> </u>	<u> </u>	City / Sta	te / Zip	
49	Fallim	4H. 1	ts selj fu	A)	H) 1170 NW 7 AVE					mia	mi	FC	<u>33</u>	136
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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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Description 17, F.S. I further certify that when filling this reinstatement application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401, F.S. I further certify that when filling this reinstatement application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application as provided for including the corporation as provided for including the corporation for including the corporation application as provided for incl													nat all fees on indicated	

August 17, 2004

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Per instructions from the Division of Corporations , I am attaching a check , in the amount of \$300.00 (Three Hundred Dollars) for the annual report fee with my application.

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I did not receive the U.B.R. for the year 2003-2004 or any other notice from the Division of Corporations in respect with the Corporation: SILVER FOOD MARKET

Thank you for your courtesy in this matter.

Fahimah Abdel Jawad

President