


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 AUG 24 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000058295

1. Corporation Name
SILVER FOOD MARKET INC

400040731814
09/01/04--01046--009 **300.00

2. Principal Office Address
1170 NW 7 AVE
Suite, Apt. #, etc.

3. Mailing Office Address
SAME
Suite, Apt. #, etc.

City & State
Miami FL

City & State
SAME

Zip Country
33136 Dade

Zip Country
SAME SAME

REINSTATEMENT 0301

4. Date Incorporated or Qualified To Do Business in Florida
06-15-2000

5. FEI Number
65-1034913

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
FAHIMAH. ABDELJAWAD

Street Address (P.O. Box Number is Not Acceptable)
1170 NW 7 AVE

Suite, Apt. #, Etc.

City
Miami

State Zip Code
FL 33136

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 Fahimah Abdeljawad Date 8.18.2004
REGISTERED AGENT MUST SIGN

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
PD	FAHIMAH. ABDELJAWAD	1170 NW 7 AVE	Miami FL 33136

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)(f), 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: Fahimah Abdeljawad FAHIMAH. ABDELJAWAD 8-18-2004 305-545-5165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)

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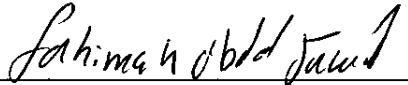
August 17, 2004

**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.

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