

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

02-03



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000082909

1. Corporation Name

ELLIE'S DELI DELIGHT, INC.

FILED

03 JUL 21 AM 10: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500021696835
07/21/03~01029--011 ***\$00.00

2. Principal Office Address 1812 N. UNIVERSITY DRIVE	3. Mailing Office Address 1812 N. UNIVERSITY DRIVE		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State PEMBROKE PINES, FL	City & State PEMBROKE PINES, FL		
Zip 33024	Country USA	Zip 33024	Country USA

4. Date Incorporated or Qualified
To Do Business in Florida 08/31/2000

5. FEI Number
65-1044330

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 ELLEN AIELLO

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

8470 NW 11 STREET

Suite, Apt. #, Etc.

City PEMBROKE PINES

State FL Zip Code 33024

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

Date

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
P/V/P/S/	ELLEN AIELLO	1812 NW 11 STREET	PEMBROKE PINES, FL 33024

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:

ELLEN AIELLO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/2003

Date

Daytime Phone #

**ELLIE'S DELI DELIGHT, INC.
1812 N. UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024**

JULY 15, 2003

**UNIFORM BUSINESS REPORT 2003 - REINSTATEMENT
FLORIDA DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314**

DEAR SECRETARY OF STATE/FLORIDA :

PLEASE BE ADVISED THAT I NEVER RECEIVED THE ORIGINAL FILING FORMS FOR MY 2002 OR 2003 UNIFORM BUSINESS REPORTS

ENCLOSED PLEASE FIND THE ABOVE MENTIONED FORMS, WHICH I HAVE DOWNLOADED AS WELL AS A CHECK IN THE AMOUNT OF THE ORIGINAL \$ 150.00 PER YEAR TO REINSTATE MY CORPORATION. I HAVE SINCE BEEN ADVISED THAT THIS IS AN ANNUAL FORM AND SHOULD BE FILED NO LATER THAN APRIL 30 OF THE CURRENT TAX YEAR. PLEASE ACCEPT MY APOLOGIES. IF THE ORGINAL FORMS WERE RECEIVED THEY WOULD HAVE BEEN FILED ON A TIMELY BASIS.

IF YOU REQUIRE ADDITIONAL INFORMATION, PLEASE CONTACT MY CPA:

BERNARD DODDO, CPA
5400 S. UNIVERSITY DRIVE, # 403
DAVIE, FL 33328
PHONE# 954-680-4818

MR. DODDO HAS RECORDS OF ALL OUR CORPORATION PAPERWORK IN HIS FILES.

IF I CAN BE OF FURTHER ASSISTANCE, PLEASE DO NOT HESITATE TO CONTACT ME AT ANYTIME.

THANK YOU IN ADVANCE FOR YOUR TIME AND CONSIDERATION IN THIS MATTER.

SINCERELY,

ELLIE'S DELI DELIGHT, INC.

ELLEN AIELLO
PRESIDENT

