
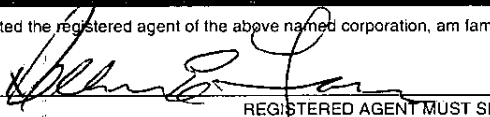
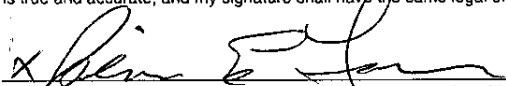


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		04 JUN 24 AM 11:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P01000005650							
1. Corporation Name MY FAMILY CAFETERIA CORPORATION							
7121 NW 35TH AVENUE 7121 NW 35TH AVENUE							
2. Principal Office Address 7121 NW 35TH AVENUE				3. Mailing Office Address 7121 NW 35TH AVENUE			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State MIAMI, FL				City & State MIAMI, FL			
Zip 33147		Country USA		Zip 33147		Country	
4. Date Incorporated or Qualified To Do Business in Florida							
5. FEI Number 65-1073321						Applied For: Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status							
7. Name and Address of Current Registered Agent							
Name REINA E. LARA							
Street Address (P.O. Box Number is Not Acceptable) 7121 NW 35TH AVENUE							
Suite, Apt. #, Etc.							
City MIAMI						State FL	
						Zip Code 33147	
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 6-9-04	
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		
PVST	LARA, REINA E.	7121 NW 35TH AVENUE			MIAMI, FL 33147		
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: 						6-9-04 / 305 644 1530	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						Date Daytime Phone #	

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June 9, 2004

Division of Corporations  
Tallahassee, FL 32314

Ref: **My Family Cafeteria Corp.**  
FEI: - 65-1073321

To Whom It May Concern:

As per our conversation of today, with the Division of Corporations I am writing this letter advising your office that I never received any notification from your office requesting additional information from me concerning the 2002 UBR.

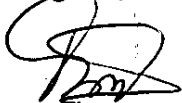
Neither my accountant nor I remember ever receiving any correspondence from your office as mentioned above. My accountant wrote several letters to your office and tried unsuccessfully for your office to change my corporation to an Active Status, but he didn't receive any correspondence either.

I kindly request that your office take into considerations all the facts mentioned above and change my corporation to an Active Status again. Enclosed please find my reinstatement application.

Should you have any questions, please contact me at 305-238-8180.

Your prompt attention to this matter will be greatly appreciated.

Regards,



Danay Duardo.