

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
Dec 06, 2002 8:00 A.M.
Secretary of State

DOCUMENT # P01000026528

1. Corporation Name

YOURS & MINE GROCERY INC.

Principal Place of Business

Mailing Address

2365 NW 109TH AVE
SUNRISE FL 33322

2365 NW 109TH AVE
SUNRISE FL 33322



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/12/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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
P	William Marshall W.M.	2365 NW 109th Ave	Sunrise, FL 33322
VP	Anthony Marshall	2365 NW 109th Ave	Sunrise, FL 33322
D	Dennis Clarke	4002 Harper Ave	Bronx, NY 10466

600009398886
12/06/02--01048--008 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LIVERPOOL, RUTH
8428 W OAKLAND PK BLVD
SUNRISE FL 33351

Name

Lass Accounting

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

8428 W. Oakland Park Blvd.

Suite, Apt. #, Etc.

City

Sunrise

State
FL

Zip Code
33351

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
Ruth Liverpool

REGISTERED AGENT MUST SIGN

Date

12-3-02

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)(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 REQUIRED
Anthony Marshall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-3-02

Daytime Phone #

CR2E040 (8/02)

Lass Accounting & Business Services, Inc.
8428 W. Oakland Park Blvd. Sunrise, FL 33351
(954) 746-5011 Fax: (954) 746-7996

11/4/02

Divisions of Corporations
Annual Report/Reinstatement Section
P.O Box 6327
Tallahassee, FL 32314

RE: Yours & Mine Grocery, Inc.

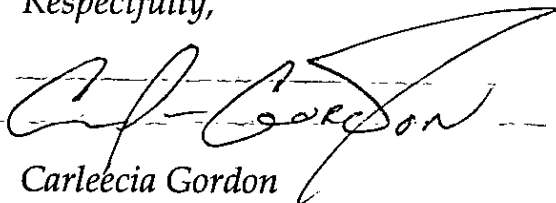
To Whom It Concerns:

In reference to the above corporation, my client and president of Yours & Mine Grocery, Inc. received a Notice of Administrative Dissolution or Revocation from the Dept of State.

It is to our understanding that our client never receive any prior notice for the renewal of her corporation. Please make a note that she did not receive her 2002 UBR.

We ask that you please take this into consideration and waive my client's penalty fees. Thank you for your consideration.

Respectfully,



Carleecia Gordon
Accounting Assistant