

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 1. 92

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P-01000030112		
1. Corporation Name <i>Aziz Discount Food Stop and Beauty Supply Inc.</i>		
2. Principal Office Address 1691 N.E 148TH ST Suite, Apt. #, etc.		3. Mailing Office Address 1691 N.E 148TH ST Suite, Apt. #, etc.
City & State Miami - FLA Zip 33181		City & State FL - Miami Zip 33181
4. Date Incorporated or Qualified To Do Business in Florida		
5. FEI Number 65-7089184		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

FILED
06 APR 30 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent

Name UDDIN, MD MISBAH	8000034817538
Street Address (P.O. Box Number is Not Acceptable) 1691 N.E 148TH ST	04/30/04--01020--010 **300.00
Suite, Apt. #, Etc.	
City Miami	State FL Zip Code 33181

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 03/26/2004

REGISTERED AGENT MUST SIGN

CR2E081 (07/04)

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	UDDIN, MD MISBAH	1691 NE 148TH ST	Miami - FL 33181
VD	AYESHA, SADEKA	1691 NE 148TH ST	Miami - FL 33181
SD	AKTHER, PANVIN	1691 NE 148TH ST	Miami - FL 33181

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]

MIAMI,03/26/2004

TO: DIVISION OF CORPORATIONS

**SUBJECT: AZIZ DISCOUNT FOOD STOP AND SUPPLY, INC.(P01000030112)
RE INSTATEMENTS FORM 2003-2004**

ENCLOSED PLEASE FIND MY CORPORATION REINSTATEMENT WITH MY FEE OF
\$300.00 FOR THE YEARS 2003 AND 2004, AS DISCUSSED WITH YOUR DEPARTMENT, DUE I -
NEVER RECEIVED THE ORIGINAL REPORT OF 2003 AND 2004 , YOU DISSOLVE THE
CORPORATION AND I HAD TO DOWNLOADED FROM THE INTERNET PER YOUR
INSTRUCTIONS.

SORRY FOR ANY INCONVENIENCE THIS MAY HAVE CAUSED.

SINCERELY YOURS

UDDIN, MD MISBAH