

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAY 16 PM 10:59

DOCUMENT #

1. Corporation Name

PO10001117B
ORIENTAL BAKERY AND GROCERY ENTERPRISES, INC.

REINSTATEMENT 11-12

2. Principal Office Address - No P.O. Box #

1760 SW 3RD AVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI FL.

City & State

Zip

33129

Country

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

11/26/2001

5. FEI Number

03-0011520

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

OKASHAH ABDEL MONEM

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

1760 S.W. 3RD AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33129

200235201152
05/16/12--01025--011 **900.00

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

Okashah Abdel Monem
REGISTERED AGENT MUST SIGN

Date

5/10/2012

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	OKASHAH ABDEL MONEM	1760 S.W. 3 RD AVE.	MIAMI, FL 33129
V-P	RAFAT A. MONEM	321 S.W. 18 RD.	MIAMI, FL 33129

MAY 16 2012

D. BUTLER

10. E-mail Address:

(To be used for future annual report notification)

11. I certify that I am an officer or director or 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 the resolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Rafat Monem

RAFAT MONEM

Date

5/10/2012

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR