## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT				DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS			FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  08 MAY - 1 PM 4: 28				
DOCUMENT # PO200053525  Corporation Name  SLA CARIBBEAN MARKET INC  1232 PEMBROKE ROAD							O.	3 MAI - 1 11	, 4. 20		
<b>2.</b> Principal	Tfice Address 2 PENBROKE ROAD			REINSTATEMENT 06-02							
Suite, Apt. #, etc. Suite, Apt. #, e				etc.			CR2E081 (12/97)  4. Date Incorporated or Qualified To Do Business in Florida  05/13/2002				
MIRANAR, 76 MIRA				MAR, 74 023 Country USA			5. FEI Number 03 = 041 5-5-2-0   Applied For Not Applicable				
. 33	023	USA	<sup>210</sup> 330	23	Coun	US A	6.	OF STATUS DESIRED	\$8.75 Addi	tional Fee required	
7. Name and Address of Current Registers  RANDALL S- PRAS  Street Address (P.O. Box Number is Not Acceptable)  2500 IS/AND A  Cuite, Apt. #, Etc.  City MIRAMAR					SNAUTh			The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you, are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
\$\mathbb{E}_*\$ 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.  \$\mathbb{E}_*\$ Signature of Registered Agent											
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						Island		MIRAMAI	e, 7h.	33023	
VP	FARY A L	$K \cdot K$	RASNAUTH	2500	) _	IshAND	DR	MIRAMAR	,7h 3	3023	
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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 filling 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 contained in Chapter 119, F.S. The information indicated on this application is true and my signature shall have the same legal effect as if made under oath.  SIGNATURE  SIGNATURE AND TYPED OF PRIATED NAME OF SIGNING OFFICER OF DIRECTOR  Date  Daytime Phone #											

andlo



Hollywood Palms Shopping Center, 6915 Taft Street, Hollywood, FL 33024 Tel: (954) 962-8585 Fax: (954) 894-1120

Department of State Division of Corporations P O Box 6327 Tallahassee, FL 32314

Re: P02000053525

S & A Caribbean Market Inc

Dear Sir/Madam,

Enclosed please find the Corporate Reinstatement Form for S & A Caribbean Market Inc covering periods 2006, 2007 and 2008. The President of the Company, Mr. R. Prasnauth, currently engaged our accounting services in 2008. In reviewing the records, we discovered that the Annual Corporate filings were delinquent and according to Mr. Prasnauth no notices were received. We can only surmise that, this occurred because the city address should have been Miramar instead of Hollywood, as listed in your system.

In light of this, we are kindly requesting a waiver of the reinstatement Fees and enclosing a check for \$450 to cover the Annual Fees of \$150 each for 2006, 2007 and 2008.

Thanking you for your kind assistance in this matter.

Yours Sincerely,

John La Rose

Accountant

Randall Prasnauth

President

S & A Caribbean Market Inc.