

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 DEC -5 PM 5:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P02000060788**

**1. Corporation Name**

Westshore Deli & Market, Inc.

**2. Principal Office Address**

6609 S. Westshore Blvd.

Suite, Apt. #, etc.

**3. Mailing Office Address**

6609 S. Westshore Blvd.

Suite, Apt. #, etc.

**City & State**

Tampa, Florida

**City & State**

Tampa, Florida

**Zip**

33616

**Country**

USA

**Zip**

33616

**Country**

USA

400025229084  
12/04/03--01018--030 \*\*750.00

03

4. Data Incorporated or Qualified To Do Business in Florida	
5. FEI Number 36-4496646	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**

Jahangir, Sufia

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

7009 Interbay Blvd.

**Suite, Apt. #, Etc.**

517

**City**

Tampa

State  
**FL**

Zip Code  
33616

**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

X See 2nd page for Signature  
REGISTERED AGENT MUST SIGN

Date

**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
Pres	Sufia Jahangir	7009 Interbay Blvd.	Tampa, Florida 33616

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X Sufia Jahangir

+ 11-25-03

Date


Daytime Phone #

CR2E081 (10/02)

B

2072

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P02000060788</b>			
<b>1. Corporation Name</b> Westshore Deli & Market, Inc.			
<b>2. Principal Office Address</b> 6609 S. Westshore Blvd.		<b>3. Mailing Office Address</b> 6609 S. Westshore Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, Florida		City & State Tampa, Florida	
Zip 33616	Country USA	Zip 33616	Country USA
<b>4. Date Incorporated or Qualified To Do Business in Florida</b>			
<b>5. FEI Number</b> 36-4496646		Applied For <input type="checkbox"/> Not Applicable	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>			
<b>7. Name and Address of Current Registered Agent</b>			
Name Jahangir, Sufia			
Street Address (P.O. Box Number is Not Acceptable) 7009 Interbay Blvd.			
Suite, Apt. #, Etc. 517			
City Tampa		State FL	Zip Code 33616
<b>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.</b>			
Signature of Registered Agent <i>X Sufia Jahangir</i>		Date <i>11-25-03</i>	
REGISTERED AGENT MUST SIGN			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Sufia Jahangir	7009 Interbay Blvd.	Tampa, Florida 33616
<b>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.</b>			
SIGNATURE: <i>X Sufia Jahangir</i>		Date <i>11-25-03</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR21061 (11/02)