PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT				;	RIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			FILED 03 DEC -5 PM 5: 15								
DOCUMENT # P02000060788								SECRETARY OF STATE TALLAHASSEE, FLORIDA								
Wes	stshore De	eli &	Marke	et, Ind) .											
					3. Mailing Office Address 6609 S. Westshore Blvd.										\ -7	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					4 pag incorporate of colaine What is)]	
City & State				City & State					U E TO DO BUSINGS WIFFIGHUS TO BY BEAR BY BY							
Tampa, Florida					Tampa, Florida				5. FEI Number 36-44	36-4496646			 	oplied For ot Applicabl	е.	
^{Zip} 33616	Zip Country 33616 USA			^{Zip} 33616		USA	-		6. CERTIFICATE			\$8.75 for a	SR 75 Additional Foo			
					7. 1	Name and A	Address o	of Current F	Register	ed Agent						
	Name Jaha	Name Jahangir, Sufia														
	Street Address (P.O. Box Number is Not Acceptable) 7009 Interbay Blvd.										1					
	Suite, Apt. #, Etc. 517						•									
^{City} Tampa										State Zip Code FL 33616					-	
8. I, being Signature o Registered		-	d agent of	the abov	e named corpo L for GISTERED AG	Same	familiar wi ature r sign	ith and acce	pt the ob	ligations of sections	on 607.050 Date		0503, F.S.			CR2E081 (10/02)
9. Names	and Street Addre	esses	of Each Off	icer and	or Director (Fl	orida nonpro	ofit corpor	ations must	list at lea	ast 3 directors)					· <u>·</u>	
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director				·	City / State / Zip					<u>.</u>	
Pres	Su <u>f</u> ia Jahangir			7009-Interbay Blvd:			- Tampa, Florida 33616			5	· · <u>-</u>	_				
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this rei owed b	y that I am an officinstatement application the corporation application is true	ation, t have b and a	the reason been paid a ccurate, ar	for disso nd the n nd my sig	lution has been ames of individ gnature shall ha	n eliminated luals listed o ave the sam	I, the corpo on this form e legal eff	orate name : m do not qua fect as if mad	satisfies alify for a	the requirements n exemption und	of section	607.0401	or 617.0401	, F.S., tha	it all fees	
SIGNA	TURE: SIGNA	TURE A	US TYPES	OR PRI	handi	SIGNING OF	FICER OR	DIRECTOR		+	11 Date	- 25	5 - 0'	2 Phone #		

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT									
DOCU	JMENT # P0200006									
Wes	stshore Deli & Market, In									
	office Address S. Westshore Blvd.	3. Mailling Off 6609 S.	ore Blvd.	제 12/04/	100; /03(2522901 11019030	3 4 ₩750.	00		
Suite, Apt. #	i, etc.	Suite, Apt. #. e		4. Date Incorporated or Qualified To Do Business in Florida						
City & State Tampa	a, Florida	Cliy&stale Tampa, Florida			5. FEI Number Applied For 36-4496646 Not Applied able					
^{Zlp} 33616	Country USA	Zip 33616	(Country JSA	6. CERTIFICATE OF STATUS DESIRED 58.75 Auditions for a Cortifica			adlional F	es required	!
		7. Ne	rne and Add	iress of Current Register	ed Agent					
	Name Jahangir, Sufia									
i	Street Address (P.O. Box Number is N	·								
	7009 Interbay Blvd.									
	^{city} Tampa				State FL	Zip Code 33616			-	
8.), being (appointed the registered agent of the abo	ve named corpora	etlon, am fam	illior with and accept the ol	digetions of section	on 607. 05			}	CRZEDSI (10/02)
Signature of Registered Agent X Suffa Jahangir						Date .	11 - 25 -	03		RZEDS
		GISTERED AGE								
9. Names Titles	and Street Addresses of Each Officer en Name of Officers and/or Directors	d/or Director (Flori	da nonprofit d	Street Address of Each Officer and/or Director		City / State / Zip				
Pres	Sufia Janangir		7009 Interbay Blvd.			Tampa, Florida 33616				
					*******			,		
									}	
this rein awed by	that I am an officer or director or the rece setstament application, the reason for dis- y the corporation have been paid and the application is true and accurate, and my s	injulion has been e names of Individua	sliminated, ih eta ilaled on li	e corporate name satisfies his form do not qualify for s	alnamarjupat erli bnu nodqmaxe m	of section	.607.0401 or 617.0401, l	F.S., that a	il fees	
SIGNAT	TURE: SIGNATURE AND TYPED OR PR	.1-	. 11	- 25 - 03	3	[
Ç,DIANI	SIGNATURE AND TYPED OR PR	INTED NAME OF SI	GNING OFFICI	ER OR DIRECTOR		Dale	Deyilma	Phone #		