
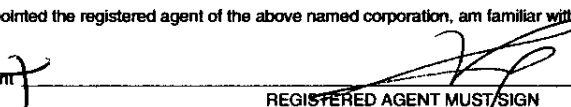
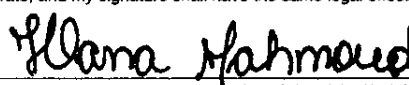


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 APR 20 AM 9:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 03-04 300031740803 04/02/04--01018--009 **300.00	
DOCUMENT # P02000075465					
1. Corporation Name SUNCOAST GROCERY STORE, INC.					
2. Principal Office Address 900 16TH. STREET S. Suite, Apt. #, etc.			3. Mailing Office Address SAME Suite, Apt. #, etc.		
City & State ST. PETERSBURG, FL.			City & State		
Zip 33705	Country USA	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 30-0093984				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 HUSAIN SALEH					
Street Address (P.O. Box Number is Not Acceptable) 1301 9th. ST. SOUTH					
Suite, Apt. #, Etc. B					
City ST. PETERSBURG				State FL	Zip Code 33705
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 4/14/04	
REGISTERED AGENT MUST SIGN					
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	RATEB F. SALEH	2610 40TH. STREET		TAMPA, FL. 33605	
VP	HANA MAHMOUD	900 16TH. STREET S.		ST. PETERSBURG, FL. 33705	
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:				3/15/04 813-760-7658	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

CR2E081 (01/04)