## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT		A DEPARTMENT OF STATE Secretary of State Vision of Corporations		FILE!		
DOCUMENT # PO200092389  I. Corporation Name  YASSINE FOOD MANAGEMENT, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
MASSINE FOOD MANAGEMENT, 110				KR .		
2. Principal Office Address 3354 N.OCEAN E	3354 3354	3. Mailing Office Address 3354 N. OCEAN BLUP.		REINSTATEMENT 03-05 vop		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 08-23-2002		
FT. LAVO FRO ALE	<del></del>	A. LAUDERDALE, FL		5. FEI Number         Applied For           05-0528413         Not Applicable		
2ip 33308 Country U.S.A.	÷   Zip 33	33 08 Country	6. CERTIFICATE		dditional Fee required certificate of Status	
	7.	Name and Address of Current Regist	ered Agent			
Name KHADIJA TRABELSSI						
Street Address (P.O. Box Number is Not Acceptable)  3333 NE 36 STREET						
Suite, Apt. #, Etc.	8					
CITY FORT LA	TUDERDA:LE	-		State Zip Code FL 3330 8		
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 02 -14-05						
9. Names and Street Addresses of Each	ch Officer and/or Director (I	Florida nonprofit corporations must list at	least 3 directors)			
Officers and	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip	
P & ABDELKADER	ABDELKADER TRABELSSI		3333 NE 36 ST, #8		FT. LAUDERDALE, FL 33308	
TSD KHADIJA TR	KHADIJA TRABELSSI		. #8	FT. LANDERDAGE	-, Fc 33308	
			41 03/02	1004758872 /0501055021 *	골4 *450.00	
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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 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.  KHAD IJA TRASELSSI,  SIGNATURE:  O2-1Y-05 95Y-56Y-3671						
SIGNATURE: SIGNATURE AND	TYPED ON MRINTED NAME O	F SIGNING OFFICER OR DIRECTOR		Date Daytime P	' I	



January 20, 2005

Florida Department of State Division of Corportions P. O. Box 6327 Tallahassee, FL 32314

RE: YASSINE FOOD MANAGEMENT, INC.
DOCUMENT NUMBER: P02000092389
INCORRECT STATUS (should be "active")

To Whom it May Concern:

We have never received a notice to renew our corporate annual report for the above mentioned company, which we incorporated on August 23, 2002. Our accountant recently asked us if we received a renewal notice for 2005, and we did not, so she suggested we download the renewal form online at <a href="https://www.sunbiz.org">www.sunbiz.org</a>.

We found that our company has been placed on "inactive" status with the Department of State and we could not download the form. Also, we noted that you had the wrong address of our company.

In October 2002, we mailed a letter to you, changing our addresses and provided our new federal identification number (copy of letter is attached). We assumed that you updated our records upon receipt of our notice.

We would appreciate if you would put our company back on "active" status and correct our address in your files. All of our licenses with the federal, state, county and city are correct and current.

Also, since we duly notified you by mail of our information change when we moved, we would like to request that all penalties be waived/abated and that only the actual renewal fees be charged to us to bring us current.

Thank you very much for your assistance regarding this most unfortunate matter.

Sincerel

Abdelkader Trabelesi, President Yassine Food Management, Inc. 3354 N. Ocean Boulevard Fort Lauderdale, FL 33308

954-564-3671

Attachments