PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000095645

1. Corporation Name

1703 ALL FOOD CENTER INC.

Principal Place of Business

Mailing Address

1701 NW 119TH ST MIAMI FL 33167-9713 1701 NW 119TH ST MIAMI FL 33167-9713 FILED

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.						10/28/0301023028 **150.00			
2. New Principal Office Address of Applicable 3. New Mailing Office Addre						Date Incorporated or Qualified To Do Business in Florida 09/04/2002			
Suite, Apt. #	etc		5. FEI Number		Applied For				
City & State FL. City & State			mi FL.		56-2091713 Not Applicable \$8.75 Additional Fee required				
2ip 33167 Country SA Zip 3310		.7 Country USA CERTIFICAT		CERTIFICATE	OF STATUS DESIRED	for a Certificate of Status			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director				City / State / Zip			
PD	RODRIGUEZ, SERGIO	9051 NW 152ND ST				MIAMI LAKES FL 33018			
VSD CRUZ, DENISE			453 COUNTRY CLUB LN				POMONA NY 10970		
TD	RODRIGUEZ, GEORGINA	9051 NW 152ND ST				MIAMI LAKES FL 33019			
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	-		•						
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8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
Name									
RODRIGUEZ, SERGIO 9051 NW 152ND ST					Street Address (P.O. Box Number is Not Acceptable)				
MIAMI		Suite, Apt. #, Etc.							
				City				tate Zip Code	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. Signature of Registered Agent Date ### Date ### ### Date									
Registered Agent Date 70 September 1 Date 10 D									
	that I am an officer or director or the receiv statement application, the reason for disso								

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:

Daytime Phone #

CABANAS & ASSOCIATES, P.A.

TELEPHONE: 305-513-3639 FAX: 305-513-4122 ACCOUNTING, TAX PLANNING & PREPARATION
SQUARE ONE BUSINESS CENTER
10520 N.W. 26TH STREET
SUITE C-201
MIAMI, FLORIDA 33172

Member of National Society of Public Accountants Ferbida Association of Independent Accountants

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October 14, 2003

Dept. of State Division of Corporation 409 East Gaines St. Tallahassee, Fl. 32399

Re: 1703 All Food Center Inc. Doc# P02000095645

To Whom it May Concern:

We are the accountants for the above taxpayer. Please note that our client never received the original UBR's. It apparently was sent to a location next door to them that is currently vacant. Recently our client was handed the dissolution papers by new neighbor of theirs. Please note that this is a new Corporation and the owners are from out of state, therefore not knowing the procedures about the annual report process.

We would also like to point out that the attorney's who prepared the corporation for our client, set it up using an incorrect address.

Our client respectfully requests amnesty against any penalties since they never received the UBR's and the other reasons detailed above. Our client has attached a check for \$150 to cover the filing fee.

Should you have any questions, please do not hesitate to contact me.

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seibh F. Cabanas