

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

151 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 JUL 19 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000100330**

1. Corporation Name

**SUPERMERCADO ARGENTINA CORP**

2. Principal Office Address

**PO BOX 85134**

Suite, Apt. #, etc.

City & State

**HALLANDALE, FL**

Zip

**33008**

Country

**U.S.**

3. Mailing Office Address

**PO BOX 85134**

Suite, Apt. #, etc.

City & State

**HALLANDALE, FL**

Zip

**33008**

Country

**U.S.**

**REINSTATEMENT 03-04**

4. Date Incorporated or Qualified To Do Business in Florida

**09-17-2002**

5. FEI Number

**13-4212251**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

**\$8.75 Additional Fee required for a Certificate of Status**

**JOSE LOMBARDI**

7. Name and Address of Current Registered Agent

Name

**1000 ME 12TH AVE**

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

Suite, Apt. #, Etc.

**#505**

City

**HALLANDALE**

State

**FL**

Zip Code

**33009**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**07/16/04**

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
VP	JOSE LOMBARDI	PO BOX 85134	HALLANDALE, FL 33008
P	CRISTIAN BORQUEZ	PO BOX 85134	HALLANDALE FL 33008

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**07/16/04**

Date

Daytime Phone #

CR2E081 (9/00)

13 292

FLORIDA DEPT. OF STATE  
ANNUAL REPORT DEPT.  
REF:P02000100330

AS PER OUR CONVERSATION I'M SENDING 308.75 FOR MY 2003, 2004  
ANNUAL REPORT, SINCE I NEVER RECEIVED THE REPORT. I HAD NOTIFY  
YOUR OFFICE OF MY ADDRESS CHANGE AND IT SEEMS THAT IT WAS  
NEVER CHANGED. I THANK YOU IN ADVANCE FOR THE WAIVE OF THE  
LATE FEE.

THANKING YOU IN ADVANCE,



JOSE LOMBARDI  
VICE PRESIDENT