

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


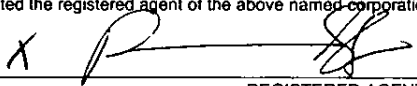
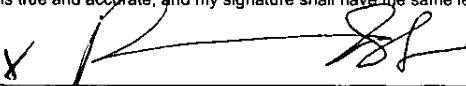
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-07

CR2E081 (1/07)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000102577			
1. Corporation Name R.P. FOOD MART, INC			
2. Principal Office Address - No P.O. Box # 1140 E. FLETCHER AVENUE		3. Mailing Office Address 1140 E. FLETCHER AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMPA, FLORIDA 33612-3681		City & State TAMPA, FLORIDA 33612-3681	
Zip 33612-3681	Country	Zip 33612-3681	Country
7. Name and Address of Current Registered Agent			
Name RAFIQUL PAIKER			
Street Address (P.O. Box Number is Not Acceptable) 1140 E. FLETCHER AVENUE			
Suite, Apt. #, Etc.			
City TAMPA, FLORIDA 33612-3681		State FL	Zip Code
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 08-28-07	
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
PRES	RAFIQUL PAIKER	20133 HERRON CROSSING DR	TAMPA, FLORIDA 33647
V PRES	MOHAMMAD AKANDA	235 ELDRIDGE ST #14	NEW YORK, NY 10002
SEC	MOHAMMED NURUZZAMAN	14714 TALL TREE DR	LUTZ, FL 33559-3245
500109045818 09/05/07--0101--007 **1350.00			
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 contained in Chapter 119, 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: 		Date 08-28-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 813-977-0459	

9/6aw