


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO20000105818

1. Corporation Name
REID'S MARKET, INC.

2. Principal Office Address
5820 N.W 12th Ave

3. Mailing Office Address
1280 N.W 56th St

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33142

Country

Zip
33142

Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL 21 AM 8:00

REINSTATEMENT 03-04

MRD 03-04

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ANN REID

Street Address (P.O. Box Number is Not Acceptable)
1280 N.W 56th Street

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33142

200038143222
06/21/04--01095--008 \$300.00

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 Ann Reid Date 6-15-04

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
<u>T</u>	<u>REID, EMANUELA JR</u>	<u>1280 N.W 56th St</u>	<u>MIAMI Florida 33142</u>
<u>V</u>	<u>REID, ANN M</u>	<u>1280 N.W 56th St</u>	<u>MIAMI, FLORIDA 33142</u>
<u>S</u>	<u>REID, CHIANTA</u>	<u>1280 N.W 56th St</u>	<u>Miami, FLORIDA 33142</u>

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: Ann Reid Date 6-15-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (01/04)

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6-15-04

To whom it may concern

I'm WRITING THIS LETTER TO
INFORM YOU THAT I DID NOT RECIEVE THE
2003-2004 ANNUAL RERORT. ALSO APPLYING
FOR A PENATLY FEE WAIVER. I ~~AM~~ HAVE
ENCLOSED A CHECK FOR \$300.00 dollar.

C. Reid