



2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000009772		
1. Entity Name FAMILY DISCOUNT MARKET, INC.		

FILED
07 FEB 22 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 59 NE 10 STREET POMPAÑO BEACH, FL 33060	Mailing Address 59 NE 10 STREET POMPAÑO BEACH, FL 33060
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2. Principal Place of Business 1941 North Dixie Hwy Suite, Apt. #, etc. Suite #2	3. Mailing Address SAME Suite, Apt. #, etc.
City & State Pompano Beach, FL 33060	City & State
Zip Country	Zip Country


REINSTATEMENT 06-07
12222006 REIN-P CR2E098 (11/05) WOP

4. FEI Number 05-0555627	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RODRIGUEZ, RAMON 59 NE 10 STREET POMPAÑO BEACH, FL 33060	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1941 North Dixie Hwy, Suite #2 City Pompano Beach FL Zip Code 33060
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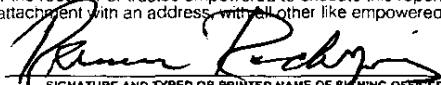
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS RODRIGUEZ, RAMON 59 NE 10 STREET POMPAÑO BEACH, FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1941 North Dixie Hwy, Suite #2 Pompano Beach, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300093747673 03/19/07--01059--018 **308.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  RAMON RODRIGUEZ 12-22-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #