

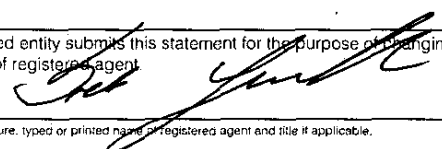
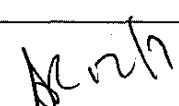
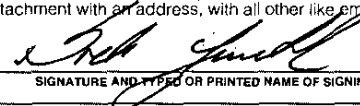


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000014737 1. Entity Name L T D S Y DELI CORPORATION				FILED 04 DEC -7 PM 4:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4311 N FEDERAL HWY FT LAUDERDALE, FL 33304		Mailing Address 4311 N FEDERAL HWY FT LAUDERDALE, FL 33304			
2. Principal Place of Business 4311 N Federal Hwy Suite, Apt. #, etc.		3. Mailing Address 4311 N Federal Hwy Suite, Apt. #, etc.		12032004 REIN-P CR2E098 (6/04)	
City & State Boca Raton FL		City & State Boca Raton FL		4. FEI Number 30-0151443	
Zip 33431		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHNITZER, GERALD S 2455 E SUNRISE BLVD STE 502 FT LAUDERDALE, FL 33304			7. Name and Address of New Registered Agent Name Sweta YomTOB Street Address (P.O. Box Number is Not Acceptable) 4311 N Federal Hwy City Boca Raton FL Zip Code 33431		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 12/3/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNEIER, TODD T 1226 SE 12 AVE DEERFIELD BCH, FL 33441	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4311 N Federal Hwy Boca Raton FL 33431	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOMTOB, SWETA 1226 SE 12 AVE DEERFIELD BCH, FL 33441	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS 1910 NE 5th Ave Deerfield Beach FL 33441	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<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	300043237283 12/07/04-01035-015 **158.75	<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 exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 12/3/04 DAYTIME PHONE # 561-272-7424 <small>Date Daytime Phone #</small>		