


2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV 12 PM 3: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000045931 1. Entity Name MINIMARKET GRANADINO, INC.	
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Principal Place of Business 1471 SW 1ST STREET MIAMI, FL 33135	Mailing Address 1471 SW 1ST STREET MIAMI, FL 33135
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2. Principal Place of Business 1743 W. FLAGLER ST Suite, Apt. #, etc.	3. Mailing Address 1743 W. FLAGLER ST Suite, Apt. #, etc.
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10222004 REIN-P CR2E098 (6/04)

City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA	4. FEL Number 33-1055056	Applied For <input type="checkbox"/> Not Applicable
Zip 33135	Country DADE	Zip 33135	Country DADE

6. Name and Address of Current Registered Agent GALAN, JUAN A 1451 SW 1ST STREET MIAMI, FL 33135	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 240 S.W. 21 AVE City MIAMI FL Zip Code 33135
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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, 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 PD NAME GALAN, JUAN A STREET ADDRESS 1471 SW 1ST STREET CITY-ST-ZIP MIAMI, FL 33135	<input type="checkbox"/> Delete	TITLE PD NAME GALAN, JUAN A STREET ADDRESS 240 S.W. 21 AVE CITY-ST-ZIP MIAMI, FLORIDA 33135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME LACAYO, MERLING STREET ADDRESS 1471 SW 1ST STREET CITY-ST-ZIP MIAMI, FL 33135	<input type="checkbox"/> Delete	TITLE VD NAME LACAYO, MERLING STREET ADDRESS 240 S.W. 21 AVE CITY-ST-ZIP MIAMI, FLORIDA 33135	<input checked="" 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
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: *Juan A Galan*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 11/10/05 305-541-0040 Daytime Phone #