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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

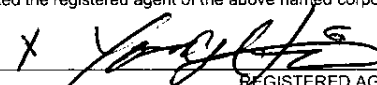
<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P03000058042</b>			
<b>1. Corporation Name</b> SEVEN LOAVES CAFE INC. <i>was 52019</i>			
<b>2. Principal Office Address</b> 4269 NW 12 STREET Suite, Apt. #, etc.		<b>3. Mailing Office Address</b>  Suite, Apt. #, etc.	
<b>City &amp; State</b> LAUDERHILL FL		<b>City &amp; State</b>  	
<b>Zip</b> 33313	<b>Country</b> US	<b>Zip</b>	<b>Country</b>

FILED  
06 JAN -3 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** *04-05*  
CR2E081 (8/05)

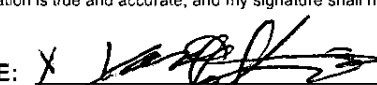
<b>4. Date Incorporated or Qualified To Do Business in Florida</b>	05/19/03
<b>5. FEI Number</b> 56-2362609	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>			
<b>Name</b> YONG KIM			
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 4269 NW 12 STREET			
<b>Suite, Apt. #, Etc.</b>			
<b>City</b> LAUDERHILL	<b>State</b> FL	<b>Zip Code</b> 33313	

<b>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.</b>	
<b>Signature of Registered Agent</b> <i>X</i> 	<b>Date</b> <i>X</i> 11/21/05
<b>REGISTERED AGENT MUST SIGN</b>	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
P, D	YONG KIM	4269 NW 12 ST	LAUDERHILL FL 33313
	<i>DR. 13</i>		

500061605895  
11/21/05--01045--005 \*\*300.00

<b>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.</b>			
<b>SIGNATURE:</b> <i>X</i> 	<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		
	<b>Date</b> <i>X</i> 11/21/05	<b>Daytime Phone #</b> <i>954 224 3804</i>	

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**SEVEN LOAVES CAFÉ, INC.**  
**4269 NW 12 STREET**  
**LAUDERHILL FL 33313**

November 10, 2005


Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Reference: Corporation Reinstatement (Document #P03000058042)

Dear Sir/Madam,

Enclosed is the Corporation Reinstatement form for Seven Loaves Café, Inc and a \$300 check represents filing fees for 2004 and 2005. Annual reports for those years were never received. Therefore, we respectfully request abatement of the penalty. New policy had been placed to ensure that future filings will be timely. If there is any question, please call our CPA, Mr. Lam Bui, at 786-223-8321.

Sincerely,

  
\_\_\_\_\_  
Hong Kim  
President