PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

AND FILED

06 MAY -8 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900075268919
05/25/06--01018--018 **458.75

DOCUMENT # P03000084637

1. Corporation Name 27 AVE MINI-MARKET,INC.

REINSTATEMENT 04-06 RSC

CR2E081 (12/05)

2. Principal Office Address		**3.** Mailing Office Address	
9910 NW 27th Ave.		9910 NW 27th Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami, Florida		City & State: Miami, Florida	
Zip: 33147	Country: USA	Zip: 33147	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/04/2003

5. FEI Number: 20-4595937 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent.

Name: RAFAEL MORALES

Street Address (P.O. Box Number is Not Acceptable): ((9910 NW 27th Avenue

Suite, Apt. #, Etc.:

City: Miami | State: FL | Zip Code: 33147

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: _____ Date: 5/1/2006

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
PVTS	MORALES, RAFAEL	9910 NW 27th Avenue	Miami, Fl 33147

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 contained in Chapter 119, 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: _____ RAFEL MORALES President 5/1/06 (786) 554-7588

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

292

27 AVE MINI-MARKET, INC.
9910 NW 27TH AVENUE
MIAMI, FL 33147
(786) 554-7588

May 1st, 2006

DEPARTMENT OF STATE
DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: P03000084637

Dear Sir or Madam:

Hereby we request a waiver for the fees on the renewal of the Corporation due to we never received a Notice of Renewal. Attached I am sending the Corporation Reinstatement Form dully filled and a Money Order for the amount of $458.75 to cover the renewal until 2006 plus a Certificate of Status.

I will appreciate your kind attention to this matter.

Sincerely,

RAFAEL MORALES
President