


# 2005 Annual Report

Feb 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
05 JUL 19 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 04000067092

1. Corporation Name  
AME FOOD MARKET, INC.

2. Principal Office Address 700 N.W. 4TH AVENUE		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State	
Zip 33136	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 04/23/2004

5. FEI Number 20-1278742 Applied For Not Applicable

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

7. Name and Address of Current Registered Agent

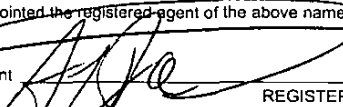
Name  
AYMAN JADALLAH

Street Address (P.O. Box Number is Not Acceptable)  
700 N.W. 4TH AVENUE

Suite, Apt. #, Etc.

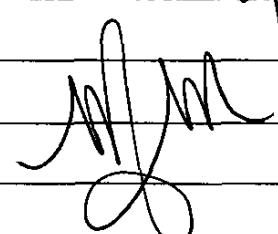
City MIAMI State FL Zip Code 33136

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.

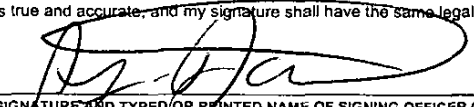
Signature of Registered Agent  Date 6/27/05

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
PDS	AYMAN JADALLAH	700 N.W. 4TH AVENUE	MIAMI, FLA. 33136
			000058199170 08/03/05--01050--019 **125 7/19
			

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.

SIGNATURE:  06/27/05 305-358-1523

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

CR2E081 (07/05)

*2 Zak*

AME FOOD MARKET INC.  
700 N.W. 4<sup>TH</sup> AVENUE  
MIAMI, FLORIDA 33136  
TEL. 305-358-1523

June 27, 2005

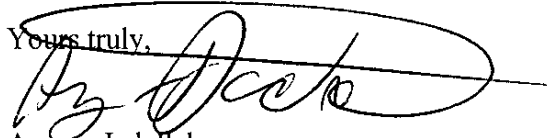
Dept. Of State  
Division of Corporation  
409 E. Gaines Street  
Tallahassee, Fl. 32399

To Whom It May Concern:

Please note that I try to open a new bank account and the bank informed me that my corporation was not active. We never received notices for renewal.

Enclosed please find reinstatement form and check #1017 \$ 158.75 to cover for the renewal.

Yours truly,



Ayman Jadallah  
President  
AME FOOD MARKET, INC.