


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PO4000090885			
1. Corporation Name Shawn's Deli INC			
2. Principal Office Address 630-2 RPB Blvd Suite, Apt. #, etc. RPB FIA 33411 City & State Zip Country		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida 6-2004	
		5. FEI Number 20-1240319	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name: Shawn Rakoff Street Address (P.O. Box Number is Not Acceptable) 630-2 RPB Blvd Suite, Apt. #, Etc. City: RPB FIA State: FL Zip Code: 33411			
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: Shawn Rakoff Date: 10/20/06 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
Pres	Shawn Rakoff	630-2 RPB Blvd	RPB FIA 33411
Treas	Mary Rakoff	630-2 RPB Blvd	RPB FIA 33411
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: Shawn Rakoff Date: 10/20/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

FILED 192

07 JAN 22 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT

05-07

600081816086
11/15/06--01047--002 **150.00

W96 6000 56420
8/16/05 90040 022 \$150.00
CR2E081 (12/05)

6-2004

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: **Shawn Rakoff**
Street Address (P.O. Box Number is Not Acceptable)
630-2 RPB Blvd
Suite, Apt. #, Etc.
City: **RPB FIA** State: **FL** Zip Code: **33411**

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

Shawn Rakoff

Date: **10/20/06**

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
Pres	Shawn Rakoff	630-2 RPB Blvd	RPB FIA 33411
Treas	Mary Rakoff	630-2 RPB Blvd	RPB FIA 33411

500086174615
01/25/07--01008--016 **300.00

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SIGNATURE: **Shawn Rakoff**

Date: **10/20/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

To whom

10/20/06

2012

I did not receive my 2005
Correspondence of Status of
this account. I spoke to
someone in the office and
she said to note that and
remitt a check for \$150.00
to bring it current.

Thank you
May R. Kott

RECEIVED
NOV 06 2006
CIU REV/ADM