2006 FOR PROFIT CORPORATION REINSTATEMENT

		REINS	TATEMENT	4		_					
DOCUMENT # P04000161389 1. Entity Name ROSE OF SHARON AFRICAN MARKET, INC.						06 UR 28 PH 49 34					
Principal Place of Business Mailing Address									••		
6509 PEMBROKE ROAD			16352 SW 28 COURT	-			,	•			
HOLLYWOOD, FL 33025				MIRAMAR, FL 33027							
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Principal Place of Business 3. Mailing Address											
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Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			REIN-P		98 (11/05)		
City & State			City & State			4. FEI Number	33-111	3620	Ar	oplied For ot Applicable	
Zip	Country		Zip	Country		5. Certificate of	of Status Desired		8.75 Add	ditional	
6. Name and Address of Current			rent Registered Agent	Agent			7. Name and Address of New Registered Agent				
	V. IVanie	and Address of Car	Name	/. Ivame and /	Address of New F	egistered A	gent				
MAYUNGBE, ALBERT											
2967 SW 161 AVENUE					Street Address (P.O. Box Number is Not Acceptable)						
MIRAMAR, FL 33027											
					City	 -		FL	Zip Cod	e	
8. The above	e named entit	y submits this stateme	ed office or register	ed agent, or both	, in the State of Flo		miliar with,	and accept			
trie obliga	tions of regis	tered agent.									
SIGNATURE.	Signature, typed	or printed name of registered	agent and title if applicable. (NOTE	: Registers	d Agent signature requir	ed when reinstating)		DATE			
FI	LE NOW!!	! FEE IS \$300.0	o				In accordance of corporation did	vith s. 607. not receive	193(2)(b), the prior r	F.S., the notice.	
10.		OFFICERS /	AND DIRECTORS	11.		ADDITIONS/0	HANGES TO OFF	ICERS AND	DIRECTOR:	S IN 11	
TITLE	Р		☐ Delete	TITLE					☐ Change	Addition	
NAME	NWAOKO	DLO, ROSE		:	-						
STREET ADDRESS	16352 SV	V 28 COURT		STREE	ET ADDRESS	ا است. مورد م	00069	541.	252.		
CITY-ST-ZIP					ST-ZIP	04705	7060103	/U,11	**150	0.00	
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NAME	OBOH, GODWIN 16352 SW 28 COURT					<u> </u>	6 51	<i>'5</i> 010'	{ _	1	
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NAME STREET ADDRESS				NAME		20	masa	=a1:	ocp.		
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TITLE			☐ Delete	TITLE					Change	☐ Addition	
NAME				NAME	ľ						
STREET ADDRESS CITY-ST-ZIP					T ADDRESS ST-ZIP						
TITLE	 		☐ Delete	TITLE					☐ Change	Addition	
NAME				NAME	i i						
STREET ADDRESS					T ADDRESS						
CITY-ST-ZIP	1				ST-ZIP						
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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: _ M/Wa /LSD 3/20/06										i i	
SIGNAT	IIRE:	PALLOR	- N. S.D			7	12010	6			