PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

•		LEMOE MEMB			0110 DE: 011E 1	_				
REINSTATEMENT					DEPARTMENT OF STATE secretary of State		FILED 2007 NOV 15 AM 9: 47			
OCUMENT # P05000013727 Corporation Name							SECRETARY OF STATE TALLAHASSEE, FLORIDA			
LESTER'S DELICATESSEN & SMOKED MEAT U.S.A., INC.							011235006 0701048004 **	:3 •202 75	اره	
Principal Office Address - No P.O. Box # 1333 E. HALLANDALE BEACH BLVD., Me.Wm.H					s g- 1, Westmount Sq.	CR2E081 (1/07)				
uite, Apt. #, etc. 326			Suite, Apt. #, etc. 939			4. Date Incorporated or Qualified To Do Business in Florida 01/26/2005				
ity & State HALLANDALE, FLORIDA Mont				al, Qu	uebec	4 3-2072	2832	Applied Not Ap	d For	
33009	}	Country USA	H3Z 2P	9	Canada	6. CERTIFICATE		Additional Fee a Certificate of		
	Ë. Ha #, Etc.	7. Name and Address of enholc Number is Not Acceptable landale Beac		red Agen	State 33009	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.				
I. I, being a ignature of tegistered A	1	43	ve named corpora			obligations of section	on 607.0505 or 617.0503, F.S. Date Nov. 13, 200	7		
Names	and Street A	ddresses of Each Officer and	d/or Director (Florid	da nonpro			T			
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip			
es.& Secty	MR. BILL BERENHOLC			1333 E. Hallandale Beach Blvd., Suite 326			Hallandale, Florida 33009			
					,					
					RI	EINST	ATEMEN	$\frac{1}{ I_0 }$	-07	

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.

SI	G	JΔ	.TU	R	F٠
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BILL BERENHOLC, President

Nov. 13, 2007

1-866-537-8377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tel: (514). 236-1186

Fax: (514) 236-1594

WILLIAM H. FINKELBERG

Finkelberg & Associates Attorneys/Avocats 1 Westmount Square, Suite 939

1 Westmount Square, Suite 939
Montreal, (Qc.) CANADA, H3Z 2P9

November 13, 2007.

BY COURIER SERVICE

DIVISION OF CORPORATIONS, Clifton Building, 2661 Executive Centre Circle, Tallahassee, Florida - 32301

Subject: REQUEST: FOR CORPORATION REINSTATEMENT

Corp: LESTER'S DELICATESSEN & SMOKED MEAT U.S.A., INC.

Document: # P 0 5 0 0 0 0 1 3 7 2 7

We have been instructed by our titled client to request reinstatement of it's Corporate status, and do enclose the required <u>fees</u> covering the Annual Reports for the years 2006 and 2007. namely \$308.75. *

The Company maintains an active address, as listed, but has <u>never</u> received any Notice (s) which normally should have been sent to its mailing address. This resulted in the Dissolution of the Corporation's status. To avoid any future miss-haps, we have been authorized to include our address in BOX 3, "MAILING ADDRESS OFFICE", and therefore do request that all future Notices be sent directly to the undersigned, please.

Awaiting your earliest response and the Certificate Of Status Document, we do remain,

Sincerely yours,

William H. Finkelberg,

Attorney WHF/fhs

^{* [2}X \$150.00Annual Report/ (\$300.00) plus \$8.75Certificate Of Status Fee].