



2006 FOR PROFIT CORPORATION REINSTATEMENT

1 of 2

DOCUMENT # P05000025306 1. Entity Name ELY'S CAFETERIA & SUPERMARKET, INC.						FILED 06 OCT 13 PM 3:34 SEC. TALLAHASSEE	
Principal Place of Business 9735 N.W. 27TH AVE MIAMI, FL 33147				Mailing Address 9735 N.W. 27TH AVE MIAMI, FL 33147			
2. Principal Place of Business		3. Mailing Address		 REINSTATEMENT 2006			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
FLORES, ELIZABETH 9735 N.W. 27TH AVE MIAMI, FL 33147				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLORES, ELIZABETH 9735 N.W. 27TH AVE MIAMI, FL 33147			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300080831953 10/13/06--01049--026 **150.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				10-10-06 <small>Date Daytime Phone #</small>			


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BEFORE ME, the undersigned authority, personally appeared, ELIZABETH FLORES who being by me first duly sworn, upon oath deposes and says:


SECOND: That the above Corporation did not receive any kind of notice from the Division of Corporation of the annual report for the current year. It was a surprise when we received the Notice of Intent to Dissolve.

THIRD: That by this affidavit we inquired from the reason mentioned above from the Secretary of State, Division of Corporation to waive the penalties for late filing and file the 2006 for Profit Corporation form.

FOURTH: That she is familiar with the nature of an oath and with the penalties as provided by the laws of the State of Florida for falsely swearing to statements made in an instrument of this nature. That she further certified that he has read or heard read this instrument and understand its context.


Elizabeth Flores
Director

Before me, this 9th day
of October, 2006

 **ORLANDO REGO**
MY COMMISSION # DD 168905
EXPIRES: December 2, 2006
1-800-3-NOTARY FL Notary Service & Bonding, Inc.