

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

97 DEC -5 AM 10:33

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # *P95000017447*

1. Corporation Name
Quality Food Suppliers, Inc.

Principal Place of Business
**1159 N.W. 22nd Street
 Miami, FL 33127**

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
1159 N.W. 22nd Street
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida
Approx. 2/95

City & State
Miami, FL 33127

City & State
 Zip Country

5. FEI Number Applied For Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	George Abay	1159 N.W. 22nd Street	Miami, FL 33127
Sec.	George Abay	1159 N.W. 22nd Street	Miami, FL 33127
Treas.	George Abay	1159 N.W. 22nd Street	Miami, FL 33127

REINSTATEMENT *96-97*

Adrian P/S/97

8. Name and Address of Current Registered Agent

**Mark D. Cohen, Esq.
 Mark D. Cohen, P.A.
 Presidential Circle, Ste. 485 So.
 4000 Hollywood Blvd.
 Hollywood, FL 33021**

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City
**0000002368630--E
 -12/10/97--01104--003
 ***815.00 ***815.00
 FL**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]*
 REGISTERED AGENT MUST SIGN

Date **11/26/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2040 (7-95)