. A	PLEASE READ	FLORID	Sandra B. Mo Secretary of S	NT OF STATE rtham State	3	AND	RM.	¥2
DOCUMENT # P9500044298					98 DEC 14 AM 8: 36			
DOCUMENT # P95000044298 1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
GRANDMA ROSIE'S MARKET, INC.						LLAMASSEE, FLC	KIDA	
Principal Place of Business Mailing Address								
17582 BOCAIRE WAY 17582 BOCA BOCA RATON FL 33487 BOCA RATOR								
If above addresses are Incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable					Date Incorp To Do Busir	orated or Qualified		
Suite, Apt. #, etc. Suite, Apt. #,			, etc.		5. FEI Number Applied For			
City & State City & State					6.	65-05878 <u>4</u> 8		Applicable
Zip Country Zip Country					<u> </u>	E OF STATUS DESIRED	\$8.75 Additional I	of Status
	nd Street Addresses of Each Officer and/o Name of Officers	or Director (Flo	Str	eet Address of Each	1			
Title(s) and/or Directors 1 2			Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip		
P PEREZ, GLORIA			17582 BOCAIRE WAY			BOCA RATON FL 33487		
V HEWITT, MICHAEL			17582 BOCAIRE WAY			BOCA RATON FL 33487		
STD HEWITT, BERNARD			17582 BOCAIRE WAY			BOCA RATON FL 33487		
			5			00002720855		
ļ								
8. Name and Address of Current Registered Agent Name						Address of New Regist	ered Agent	
GARS TRWIN'S 2665 SO BAYSHOPE DRIVE STE M-103 175 8 v Street Address (P.0					evnzvl Hevit O. Box Number is Not Acceptable)			
					Bocovie WAy			
COCONOT CHONE PL 33133							State Zip Code	
10. I, being a	appointed the registered agent of the above	e named corpo	ration, am familiar wit	City BOOR R.	A\ O N (/ /.	33187 Don 607.0505, F.S.	FL 3348	7
Signature of Registered A	gent & Julia Wil		ENT MUST SIGN	IIRED		Date	7/98	
	s corporation owes or ha	s paid the	e current yea	ar Yes 🗍	No IV	(Sedon)	er side for information lintangible tax.)	n

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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 filling 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. 1~/1/98 561-997-77#3

Date Daytime Phone #

Grandma Rosie's Market, Inc. 17582 Bocaire Way Boca Raton, FL 33487-1108

December 7, 1998

To Whom It May Concern,

My name is Michael Hewitt. I am responsible for Grandma Rosie's Market, Inc.

In May of this year I suffered a relapse of multiple sclerosis. For treatment and to escape the heat, I left Florida.

On my return on December 5th I was surprised to find the Notice of Administrative Dissolution. Although my mail had been sent to me on a regular basis I did not receive any warning notices. Under the circumstances I would ask you to accept my reinstatement as normal.

Thanking you for your kind consideration in advance.

Michael Hewitt