PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. DIVISION OF COMPORATIONS FLORIDA DEPARTMENT OF STATE CORPORATION Jim Smith REINSTATEMENT 02 NOV -4 AM 8: 01 Secretary of State DIVISION OF CORPORATIONS DOCUMENT # P9600034888 1. Corporation Name USA GROCER & DELI-SUNRISE, INC. 99-02 2. Principal Office Address 3. Mailing Office Address 3134 NORTH PINE ROAD 3134 NORTH PINE ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. Date Incorporated or Qualified City & State To Do Business in Florida City & State 04-22-1996 SUNRISE, FL 5. FEI Number Applied For SUNRISE, FL 65-0670229 Country Not Applicable Country 6. CERTIFICATE OF STATUS DESIRED 33351 U.S. \$8.75 Additional Fee required for a Certificate of Status 33351 U.S. 7. Name and Address of Current Registered Agent PAUL A. BALTRUN Street Address (P.O. Box Number is Not Acceptable) 725 N. A1A Suite, Apt. #, Etc. SUITE B-104 State Zip Code JUPITER 33477 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of CRZED81 Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Tittes Street Address of Each Officer and/or Director City / State / Zip P/DGOWRA SINGH 12 COUNTRY CLUB ESTATES DRIVE, SWANTON, VT 05488 11/04/02--01085--012 10. Fcertify 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. SIGNATURE: GOWRA SINGH 11-01-02 (561) 575-0037 ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/0/22 AD