PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 APR 27 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000030966

1. Corporation Name

SUNSHINE SALADS, INC.

Principal Place of Business	Mailing Address
100 S.E. 1st Street Suite 136 Fort Lauderdale, FL 33301	Same

REINSTATEMENT 98-99 ar

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida
April 7, 1997

5. F.E.I. Number
65-0814752

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PVSTD	Hoffman, Jeffrey M.	2895 N.E. 32nd Street	Fort Lauderdale, FL 33306

000285665--6
-04/29/99--01036--005
****300.00 ****300.00

8. Name and Address of Current Registered Agent

PTC World Wide, Inc.
4611 S. University Drive
Suite 225
Fort Lauderdale, FL 33328

9. Name and Address of New Registered Agent

Name
Jeffrey M. Hoffman
Street Address (P.O. Box Number is Not Acceptable)
2895 N.E. 32nd Street
Suite, Apt. # Etc.
107
City
Fort Lauderdale
State FL
Zip Code 33306

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 Jeffrey M. Hoffman
REGISTERED AGENT MUST SIGN

Date April 26, 1999

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

(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: Jeffrey M. Hoffman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 1999
Date

(954)832-9993
Daytime Phone #

CR2E024 (12/96)