

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 19 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



000024845250
11/19/03--01012--020 **150.00

DOCUMENT # **P98000008465**

1. Corporation Name

FRANKY'S DELI WAREHOUSE, INC.

Principal Place of Business

Mailing Address

2596 W. 84TH ST.
HIALEAH FL 33016

~~521 NW 215TH AVENUE
PEMBROKE PINES FL 33029~~

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

2. New Principal Office Address, If Applicable

~~2596 W. 84TH ST.~~
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~2596 W. 84TH ST.~~
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

01/27/1998

5. FEI Number

65-0814076

Applied For

Not Applicable

City & State
~~HIALEAH, FL.~~

Zip 33016 Country USA.

City & State
~~HIALEAH, FL.~~

Zip 33016 Country USA

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	4 City / State / Zip
PTS	DIAZ, FRANK	521 NW 215TH AVENUE	PEMBROKE PINES FL 33029

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DIAZ, FRANK
2596 W. 84TH ST.
HIALEAH FL 33016

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

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. or 617.0505, F.S.

Signature of Registered Agent _____ **SIGNATURE REQUIRED** _____ Date _____
REGISTERED AGENT MUST SIGN

11. 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 REQUIRED** FRANK DIAZ PRES Date 10/20/03 Daytime Phone # _____

CR2E040 (7/03)

DIVISION OF CORPORATIONS
TALLAHASSE, FLORIDA

10/28/03

RE: Franky's Deli Warehouse, Inc.
P98000008465

Dear Sirs,

Please reinstate our corporation for the enclosed \$150.00 fee. We never recieved the UBR report for 2003. We have changed our mailing address and the report was never forwarded to us by the post office.

Sincerely,

Frank Diaz President