PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P98000013044**

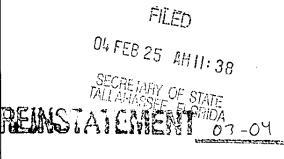
1. Corporation Name

PINELLAS POINT MEAT MARKET, INC.

Principal Place of Business

Mailing Address

2208 - 62ND AVE. SOUTH ST. PETERSBURG FL 33712 2208 - 62ND AVE. SOUTH ST. PETERSBURG FL 33712





If above addresses are incorrect in any way, line through incorrect information and enter correction below.									· · · · · · · · · · · · · · · · · · ·	
				ing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 02/09/1998			
Suite, Apt. #, etc. Suite, Apt. #,				etc.			5. FEI Number Applied For			
City & State City & State							59-3491962 Not Applicat		Not Applicable	
Zip Country			Zip	Zip Co		6. CERTIFICA		S8.75 Additional Fee required for a Certificate of Status		
7. Names a	and Street Ad	dresses of Each Officer an	d/or Director (Flo	rida nonprof	fit corporat	ions must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip		
D	HAMED, GAZI M			2208 - 62ND AVE. SOUTH				ST. PETERSBURG FL 33712		
PVST	HAMED, GAZI M			2208 - 62ND AVE. SOUTH			•	ST. PETERSBURG FL 33712		
							TANKE TANK			
					300028153783 02/03/0401060007 **150.00					
					02/25/0401006022 ** 150.00					
144.75	and any make the transport	t secolul								
Name and Address of Current Registered Agent							Name and Address of New Registered Agent			
HAMED, GAZI M						Name Street Address (P.O. Box Number is Not Acceptable)				
2208 - 62ND AVE. SOUTH					Suite, Apt. #, Etc.					
ST-PETERSBURG-FL-33712						Julie, Apr. #, Lie	<u> </u>			
				٠		City		State FL	Zip Code	
10. I, being	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 Pate 2/17/84 REGISTERED AGENT MUST SIGN										
-11. I certify	that-l-am:an	officer or director or the re-	ceiver.or:trustee.e	mpowered to	o.execute	this application as	provided for in ch	napter 607 or 617, F.S. I further co	ertify 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/04 727-520-8652

January 27, 2004

-To Whom-It-May-Goncern: -

It has just come to my attention the corporation for my company was dissolved. In my research of this problem, I found the enclosed Uniform Business Report Letter of Dissolution of our corporation. I am not aware of having received any other notice regarding our UBR report. My concern is this matter was not taken care of due to my being out of the country on business part of last year.

As per instructions received when we called the Division of Corporations, we are enclosing our \$150 check for the year 2003. I am aware it is also time to file the same report for 2004. I appreciate your consideration in this matter and I will file for 2004 promptly upon receiving confirmation of the acceptance of the filing for 2003.

Thank you.

Gazi M. Hamed

,