

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB -8 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000010461**

1. Corporation Name

**ADOLPHE TAKE OUT RESTAURANT,
PRODUCE, FRUITS + VEGETABLES
FLEA MARKET, INC.**

REINSTATEMENT 05-06

900065576579
02/10/06--01042--002 **900.00
CR2E081 (12/05)

2. Principal Office Address

63 NE 13RD ST.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State -

MIAMI, FL

City & State -

Zip Country

33138 DADE

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

January 29, 1999

5. FEI Number

65-0890275

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Colman Express Services

Street Address (P.O. Box Number is Not Acceptable)

30 NE 54 ST

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33137

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
Registered Agent

REGISTERED AGENT MUST SIGN

Date

Jan 30 2006

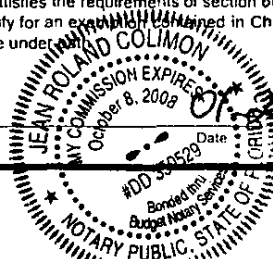
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PP	ADOLPHE ADRAS	271 NE 54 ST	Miami FL 33137
VP	GINETTE ST FLEUR	271 NE 54 ST	Miami FL 33137

10. 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 contained in Chapter 119, 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



05-06

Daytime Phone #