

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE  Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000011413			
1. Corporation Name ROYAL FOOD SPOT, INC			
2. Principal Office Address 5890 NW 7 AVENUE Suite, Apt. #, etc.		3. Mailing Office Address 5890 NW 7 AVENUE Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33127	Country USA	Zip 33127	Country USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida		02/04/1999
5. FEI Number 65-0898129		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent

Name WILLIE L. JACKSON Street Address (P.O. Box Number is Not Acceptable) 18800 NW 2ND AVENUE Suite, Apt. #, Etc. # 221 City MIAMI	500004617065--5 -10401701-01014-028 ****300.00 ****300.00
	State FL Zip Code 33169

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

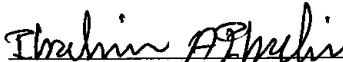
Date **09/18/01**

CR02081 (9/00)

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
PD	IBRAHIM, IBRAHIM A.	5890 NW 7 AVENUE	MIAMI, FL 33127
SD	SAIEH, MAHER	5890 NW 7 AVENUE	MIAMI, FL 33127

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 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:  **IBRAHIM A. IBRAHIM** **9/18/01** **305-757-9884**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #