


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000032193 1. Entity Name MIAMI AMERICA'S GROCERIES, INC.					
Principal Place of Business 523 NW 136TH PLACE MIAMI, FL 33182			Mailing Address 523 NW 136TH PLACE MIAMI, FL 33182		
2. Principal Place of Business 330 N.W. 119th Avenue			3. Mailing Address 330 N.W. 119th Avenue		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State Miami FL			City & State Miami FL		
Zip 33182		Country USA		Zip 33182	
Country USA		4. FEI Number 65-0914723			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRIS, ELLIOTT SIXTH FLOOR MCCORMICK BLDG 111 SW 3RD STREET MIAMI, FL 33130			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>[Signature]</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 2-10-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD TARANCO, MAXIMINO 523 NW 136TH PLACE MIAMI, FL 33182	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD TARANCO, MAXIMINO 330 NW 119th AVE Miami FL 33182	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HARRIS, ELLIOTT 111 SW 3RD STREET SIXTH FLOOR MIAMI, FL 33130	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900047542239 03/02/05--01007--009 **300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 2-10-05 Daytime Phone # _____	

FILED
05 FEB 16 PM 4:07
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT



02102005 REIN-P CR2E098 (6/04)