

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAR 22 PM 12:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000033030

1. Corporation Name

Safeway Industries, Inc.  
133 NE 2nd Avenue  
Deerfield Beach, FL 33441 W06-11789

2. Principal Office Address

133 NE 2nd Avenue  
Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 1140  
Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

City & State

Deerfield Beach, FL

Zip

33441

Country

USA

Zip

33443

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

4-6-1999

5. FEI Number

65-0910055

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 04-06

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Bruce Berger

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

133 NE 2nd Avenue

Suite, Apt. #, Etc.

City

Deerfield Beach, FL 33441

State

FL

Zip Code

33441

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

[Signature]

Date

2-23-06

REGISTERED AGENT MUST SIGN

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
<u>P</u>	<u>Michael Dennis</u>	<u>133 NE 2nd Avenue</u>	<u>Deerfield Beach, FL 33441</u>

200069444722  
04/04/05--01054--012 \*\*1050.00

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

2-23-06

Date

954-425-8435

Daytime Phone #