


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>199 000083511</u>			
1. Corporation Name <u>Rocky Point Market of Tampa, Inc.</u>			
2. Principal Office Address <u>3103 N. Rocky Point Dr.</u> Suite, Apt. #, etc. <u>TPA, FL.</u> Zip <u>33607</u> Country <u>Hillsborough</u>		3. Mailing Office Address <u>308 S. FREMONT AVE.</u> Suite, Apt. #, etc. <u>"B"</u> City & State <u>Tampa, FL.</u> Zip <u>33606</u> Country <u>Hillsborough</u>	
		4. Date Incorporated or Qualified To Do Business in Florida <u>1999</u> 5. FEI Number <u>593556975</u> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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 <u>Thomas Ortiz</u> Street Address (P.O. Box Number is Not Acceptable) <u>308 S. FREMONT AVE.</u> Suite, Apt. #, Etc. <u>B</u> City <u>TAMPA</u> State <u>FL</u> Zip Code <u>33606</u>			
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 <u>[Signature]</u> Date <u>6/23/03</u> 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>D</u>	<u>Thomas Ortiz</u>	<u>308 S. FREMONT AVE 'B'</u>	<u>Tampa, FL. 33606</u>
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: <u>[Signature]</u> <u>THOMAS ORTIZ</u> <u>6/23/03</u> <u>813-714-8085</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ROCKY POINT MARKET OF TAMPA, INC.

June 23, 2003

RE: P9000083511

Dear Sir or Madam:

I recently was advised that Rocky Point Market of Tampa, Inc.'s, and corporate status was inactive. After further investigation we realized that we have not been in receipt of the annual reports. I am requesting you re-instate the above titled company for this reason. Please find enclosed a check in the amount of \$450.00 for each year owed since 2001'. If you have any questions or need any more information please call me at 813-714-8085. Thank you for your understanding concerning this matter.

Sincerely,

A handwritten signature in black ink, appearing to be 'Thomas Ortiz', written over a horizontal line.

Thomas Ortiz
Registered Agent