


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000097243			
1. Corporation Name SARAH'S INTERNATIONAL MARKET INC.			
2. Principal Office Address 14443 S. Biscayne River Rd. Suite, Apt. #, etc.		3. Mailing Office Address SAME Suite, Apt. #, etc.	
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA	
Zip 33161	Country U.S.A	Zip DADE	Country DADE
4. Date Incorporated or Qualified To Do Business in Florida NOV 3 1999		5. FEI Number 650959055	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent			
Name SARAH C. IRVING 300055721743			
Street Address (P.O. Box Number is Not Acceptable) 14443 S. Biscayne River Rd.			
Suite, Apt. #, Etc.			
City MIAMI		State FL	Zip Code 33161
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 Sarah C. Irving		Date 4/29/05	
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
D.	SARAH C. IRVING	14443 S. Biscayne River Rd	MIAMI, FL 33161
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: Sarah C. Irving		Date 4-29-05	Daytime Phone # 305-4953000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED
05 MAY 25 AM 11:04
TALLAHASSEE, FLORIDA

CR2E081 (07/05)