

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P99000105357**

1. Corporation Name
FAMILY FOOD STORE, INC.

Principal Place of Business 6390 JOHNSON STREET HOLLYWOOD FL 33024	Mailing Address 6390 JOHNSON STREET HOLLYWOOD FL 33024
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	4. Date Incorporated or Qualified To Do Business in Florida 12/06/1999
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5. FEI Number 65-0966375	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. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DAS GUPTA, RAJIT	6390 JOHNSON STREET	HOLLYWOOD FL 33024
D	INDRAJIT DAS GUPTA	6390 JOHNSON STREET	HOLLYWOOD, FL 33024
			000004677010--3 -11/13/01--01078--003 ****750.00 ****750.00

REINSTATEMENT 01 TS

8. Name and Address of Current Registered Agent

DAS GUPTA, RAJIT
 6390 JOHNSON STREET
 HOLLYWOOD FL 33024

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Rajit Das Gupta Date 10/23/01
 REGISTERED AGENT MUST SIGN

11. 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: RAJIT DAS GUPTA Date 10/23/01 (954) 963-0071
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
 01 OCT 25 PM 2:35
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



CRE040 (8/01)