

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

97 NOV -3 PM 12:21

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **S43719**

1. Corporation Name
79TH STREET FARMERS MARKET ASSOCIATES, INC.

Principal Place of Business 3015 NW 79 STR MIAMI FL 33147 US	Mailing Address 3015 NW 79 STR MIAMI FL 33147 US
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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	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

REINSTATEMENT 97

4. Date Incorporated or Qualified To Do Business in Florida	04/04/1991
5. FEI Number	65-0254617
Applied For	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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	STUDNIK, NEIL	3015 NW 79 STR	MIAMI FL
DST	STUDNIK, ETTIE	3015 NW 79 STR	MIAMI FL

800002340048--6
 -11/06/97-01052-016
 ****750.00 ****750.00

Handwritten signature/initials

8. Name and Address of Current Registered Agent

STUDNIK, ERICK
 200 SE FIRST ST
 154 SOUTH ISLAND
 GOLDEN BEACH FL 33160

9. Name and Address of New Registered Agent

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

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 *[Signature]* Date *10-26-97*
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date *10-26-97* Daytime Phone # _____

CR25040 (8/97)