

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -7 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V54910

1. Corporation Name  
PEOPLE'S MARKET, INC.

Principal Place of Business  
712-714 W. ATLANTIC AVE.  
DELRAY BEACH FL 33444  
US

Mailing Address  
1105 SW 4TH AVENUE  
DELRAY BEACH FL 33444  
US



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		4. Date Incorporated or Qualified To Do Business in Florida 07/30/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0379994	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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
P	PORTALIS, PIERRE	1027 SW 4TH AVE.	DELRAY BEACH FL
V	PIERRE, ZELO	1027 SW 4TH AVE.	DELRAY BCH. FL

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PORTALIS, PIERRE 1027 S.W. 4TH AVE. DELRAY BEACH FL 33444		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. or 617.0505, F.S.

Signature of Registered Agent X SIGNATURE REQUIRED Date 11/05/2002  
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: SIGNATURE REQUIRED Date 11/05/2002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/02)

**PEOPLE'S MARKET, INC.**  
Portalis Pierre  
712-714 W. Atlantic Avenue  
Delray Beach, Florida 33444  
561-272-6155

November 5, 2002

**Attention Reinstatement Department**

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32399

**RE: Corporate Name: People's Market, Inc.  
Waiver of Reinstatement Fee  
Petition For Reinstatement  
Document #: V54910**

Dear Sir or Madam:

Please be advised that this letter serves to memorialize our conversation with regards to the above-referenced corporate matters, with one of your administrative assistance today, in the Reinstatement Department.

We have just learned that our corporation was dissolved on October 4, 2002 due to failure of the filing of the Profit-Corporation Uniform Business Report. We have not received a UBR report for the previous year. Therefore, we are requesting a waiver of the reinstatement fee, as a direct result of same.

Enclosed herewith, please find a check in the amount of \$150 for year 2002. Would you please follow-up with a correspondence which confirms that the corporation has been reinstated. Thank you for your condescension in this regard.

**Attention Reinstatement Department**  
**Department of State**  
**Division of Corporations**  
**November 5, 2002**  
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Sincerely,  
**People's Market, Inc.**  
Portalis Pierre  
President

PP/fm

Enclosure