

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
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

97 OCT 31 AM 8:48

pk 113

DOCUMENT # **692651**

1. Corporation Name
SAADEH MARKETS, INC.

Principal Place of Business 753 CONNISTEE ROAD WEST PALM BEACH FL 33413	Mailing Address 753 CONNISTEE ROAD WEST PALM BEACH FL 33413
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REINSTATEMENT 97

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. 2617 OLD DIXIE HWY. City & State RIVIERA BEACH, FL Zip 33404 Country U.S.A.		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. 2617 OLD DIXIE HWY. City & State RIVIERA BEACH, FL Zip 33404 Country U.S.A.		4. Date Incorporated or Qualified To Do Business in Florida 06/30/1981	
5. FEI Number 59-2104134				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
P	SAADEH, MAZEN	753 CONNISTEE RD	W.PALM BEACH FL 33413

200002336412-16
 -11/03/97--01107--021
 *****750.00 *****750.00

8. Name and Address of Current Registered Agent SAADEH, MAZEN 753 CONNISTEE RD WEST PALM BEACH FL 33413		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	
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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: **10-29-97**
 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]* 10-29-97 561 840-1556
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date Daytime Phone #

CR20040 (8/97)