

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
TAMM B. WORTHAM
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 AUG 17 AM 8:36

DOCUMENT # L71808

1. Corporation Name

7 DAYS FOOD MARKET INC 9/26/97

Principal Place of Business

Mailing Address 7 days Food Mkt
2800 NW 21 Ave
Ft land. FL 33311

8601 NW 34 PL #102A
SUNRISE FL 33351

100002626121--3
-08/26/98-01101-014
****408.75 ****408.75

100002626121--3
-08/26/98-01101-015
****500.00 ****500.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2800 NW 21 Ave
Ft land. FL
33311 Broward

3. New Mailing Office Address, If Applicable

NA
Suite, Apt. #, etc.
City & State

4. Date Incorporated or Qualified
To Do Business in Florida

5/7/1990

5. FEI Number 65-020 8553

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$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)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|----------|--------------------------------------|---|--------------------|
| 1 | 2 | 3 | 4 |
| PR/SEC | YOHANNA SALAMA | 8601 NW 34 PL | FLORIDA, 33351 |
| VP | NAZLY SALAMA | SUITE 102A | |
| TR. | YOHANNA SALAMA | | |

REINSTATEMENT 1997-1998
(BKC) (CVS)

8. Name and Address of Current Registered Agent

YOHANNA SALAMA
8601 NW 34 PL #102A
SUNRISE FL. 33351

9. Name and Address of New Registered Agent

Name
NA
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 YOHANNA SALAMA
REGISTERED AGENT MUST SIGN

Date 8.9.1998

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: YOHANNA SALAMA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8.9.98
Date
(850) 923 4999
Daytime Phone #