

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 FEB -1 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **000000009043**

1. Corporation Name  
**Suhad Food Mart, Inc.**

**100087496981**  
02/06/07--01041--015 \*\*600.00

2. Principal Office Address - No P.O. Box #

**1103 North 13th St.**  
Suite, Apt. #, etc.

3. Mailing Office Address

**Same**  
Suite, Apt. #, etc.

City & State

**Ft. Pierce, FL.**

Zip  
**34950**

Country

**U.S.A**

City & State

**Same**

Zip

**Same**

Country

**Same**

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

**5-23-2002**

5. FEI Number

**65-0993979**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**Rudaina Ibrahim**

Street Address (P.O. Box Number is Not Acceptable)

**1103 North 13th St.**

Suite, Apt. #, Etc.

City

**Fort Pierce**

State

**FL**

Zip Code

**34950**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

**Rudaina Ibrahim**

REGISTERED AGENT MUST SIGN

Date **1-30-07**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Rudaina Ibrahim	1103 North 13th St.	Fort Pierce, FL 34950

10. 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 contained in Chapter 119, 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:

**Rudaina Ibrahim**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-30-07**

Date

**772-465-8185**

Daytime Phone #

20f2

contact #  
772-465-8185  
772-418-6569

1-30-07

To Whom This may concern,

This letter is in reference to the late fee placed on our account. We have not received any notices in the mail to inform us about a renewal for our corporation. We are trying to apply once more, but we need the late fee which is in the amount of \$600.00 waived. If you have any questions please feel free to call anytime.

Sincerely,