

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 OCT 25 PM 5:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P0000079239**

1. Corporation Name

SEARS' MARKET ON THE ISLAND, INC.

Principal Place of Business

655 PENSACOLA BEACH BOULEVARD
PENSACOLA BEACH FL 32561

Mailing Address

655 PENSACOLA BEACH BOULEVARD
PENSACOLA BEACH FL 32561

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/2000

5. FEI Number

59-3664541

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status



05-10-02 90047 006 \$150.00

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
D	SEARS, JERRY D JR.	655 PENSACOLA BEACH BOULEVARD	PENSACOLA BEACH FL 32561

8. Name and Address of Current Registered Agent

SEARS, JERRY D JR.
6913 SEA BASS CR
NARARRE FL 32566

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-22-02

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]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-02

Date

Daytime Phone #

CR2E040 (8/02)

October 22, 2002

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee FL 32314-6327

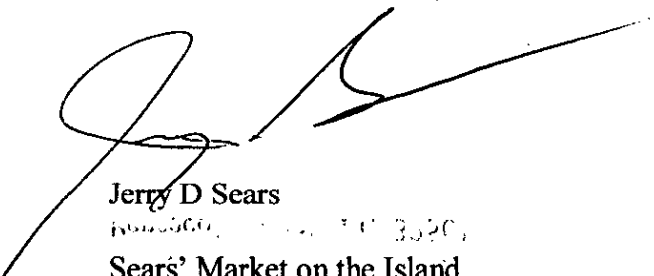
RE: 59-3664541
Sears' Market on the Island, Inc

To Whom It May Concern:

We would like to request that all penalty fees be removed from our account. We mailed our Corporate Filing on April 23, 2002. Our check #4573 was cashed. In May we received your request for signature on the filing form. We signed the form and faxed it to your office.

On October 22, 2002 we spoke with your office after receiving your reinstatement notice. We were instructed to file the reinstatement form with this request attached.

We thank you for your attention to this matter.



Jerry D Sears
Sears' Market on the Island
655 Pensacola Beach Blvd,
Pensacola Beach, FL 32561