


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS


08 MAY - 1 PM 3: 30

|   |   |
|---|---|
| <b>DOCUMENT # P04000065068</b><br>1. Entity Name<br><b>INGLIS FOOD MART, INC.</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>650 E HWY 40<br/>INGLIS, FL 34449</b> | Mailing Address<br><b>650 E HWY 40<br/>INGLIS, FL 34449</b> |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
|---|---|

|  |  |                                    |  |
|--|--|------------------------------------|--|
| City & State<br><br>Zip                      Country | City & State<br><br>Zip                      Country | 4. FEI Number<br><b>56-2451285</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|--|--|------------------------------------|--|

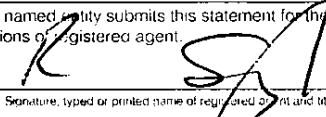


04252008    REIN-P    CR2E098 (1/07)

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br><br><b>SINGH, RAJENDRA<br/>11329 CYPRESS RESERVE DR.<br/>TAMPA, FL 33626</b> | 7. Name and Address of New Registered Agent<br>Name <b>SINGH, RAJENDRA</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>650 E HWY 40</b><br>City <b>INGLIS</b> <b>FL</b> Zip Code <b>34449</b> |
|---|---|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE:                       **Rajendra Singh, P, April 29, 2008**

(NOTE: Registered Agent signature required when reinstating)                      DATE

|                                    |  |
|------------------------------------|--|
| <b>FILE NOW!!! FEE IS \$300.00</b> | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS |                  |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                  |   |
|----------------------------|------------------|---------------------------------|---|----------------------------------|---|
| TITLE                      | PSTD             | <input type="checkbox"/> Delete | TITLE   | 700128100847                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SINGH, RAJENDRA  |                                 | NAME  | 05/01/08--01050--002    **300.00 |   |
| STREET ADDRESS             | 650 E HWY 40     |                                 | STREET ADDRESS  |                                  |   |
| CITY-ST-ZIP                | INGLIS, FL 34449 |                                 | CITY-ST-ZIP   |                                  |   |
| TITLE                      |                  | <input type="checkbox"/> Delete | TITLE   |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                  |                                 | NAME  |                                  |   |
| STREET ADDRESS             |                  |                                 | STREET ADDRESS  |                                  |   |
| CITY-ST-ZIP                |                  |                                 | CITY-ST-ZIP   |                                  |   |
| TITLE                      |                  | <input type="checkbox"/> Delete | TITLE   |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                  |                                 | NAME  |                                  |   |
| STREET ADDRESS             |                  |                                 | STREET ADDRESS  |                                  |   |
| CITY-ST-ZIP                |                  |                                 | CITY-ST-ZIP   |                                  |   |
| TITLE                      |                  | <input type="checkbox"/> Delete | TITLE   |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                  |                                 | NAME  |                                  |   |
| STREET ADDRESS             |                  |                                 | STREET ADDRESS  |                                  |   |
| CITY-ST-ZIP                |                  |                                 | CITY-ST-ZIP   |                                  |   |
| TITLE                      |                  | <input type="checkbox"/> Delete | TITLE   |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                  |                                 | NAME  |                                  |   |
| STREET ADDRESS             |                  |                                 | STREET ADDRESS  |                                  |   |
| CITY-ST-ZIP                |                  |                                 | CITY-ST-ZIP   |                                  |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:                       **Rajendra Singh, P, April 29, 2008 352-447-2070**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #

5/500