


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000060956

1. Entity Name
JOSE'S MARKET, INC.



FILED
OCT 29 PH 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address


**5151 STATE ROAD 674
WIMAUMA, FL 33598** **5151 STATE ROAD 674
WIMAUMA, FL 33598**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



10272008 REIN-P CR2E098 (1/07)

4. FEI Number Applied For

20-0574100 Not Applicable

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

6. Name and Address of Current Registered Agent

ROCHA, JOSE
5151 STATE ROAD 674
WIMAUMA, FL 33598

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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: *Jose E Rocha* DATE: **10-27-08**

Signature, typed or printed name of registered agent as to title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

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	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROCHA, JOSE			NAME	600137419586		
STREET ADDRESS	PO BOX 2123			STREET ADDRESS	10/29/08--01020--023		**150.00
CITY-ST-ZIP	RUSKIN, FL 33570			CITY-ST-ZIP			
TITLE	DVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROCHA, GRISELDA			NAME			
STREET ADDRESS	PO BOX 2123			STREET ADDRESS			
CITY-ST-ZIP	RUSKIN, FL 33570			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GONZALEZ, MARIA			NAME			
STREET ADDRESS	PO BOX 2123			STREET ADDRESS			
CITY-ST-ZIP	RUSKIN, FL 33570			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROCHA, REYNA			NAME			
STREET ADDRESS	PO BOX 2123			STREET ADDRESS			
CITY-ST-ZIP	RUSKIN, FL 33570			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROCHA, RAUL			NAME			
STREET ADDRESS	PO BOX 2123			STREET ADDRESS			
CITY-ST-ZIP	RUSKIN, FL 33570			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, ESTELLA			NAME			
STREET ADDRESS	PO BOX 2123			STREET ADDRESS			
CITY-ST-ZIP	RUSKIN, FL 33570			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: *Jose E Rocha* DATE: **10-27-08**

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

10/29/08