

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000072388**

1. Corporation Name
Smith Grocery Store + Deli, Inc.

FILED
98 SEP 28 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: *829 SR17 + Kokomold Lake Hamilton, FL 33851*
Mailing Address: *P.O. Box 777 Lake Hamilton, FL 33851*

800002650978--8
-09/29/98--01010--018
****935.00 ****900.00

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 | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number | |
| City & State | | City & State | | Applied For | |
| Zip | | Zip | | Not Applicable | |
| Country | | Country | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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) | | | |
|---|--------------------------------------|--|--------------------------------|
| 1. Title(s) | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4. City / State / Zip |
| Pres. | <i>Atallah Jadallah</i> | <i>829 SR17 + Kokomold Lake Hamilton, FL 33851</i> | <i>Lake Hamilton, FL 33851</i> |
| Vice + Sec. | <i>Abu Baker Jwayyed</i> | <i>Same</i> | <i>Same</i> |
| | | | |
| | | | |

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|---|--|--|--------------------|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| <i>Atallah Jadallah 829 SR17 + Kokomold Lake Hamilton, FL 33851</i> | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | Suite, Apt. #, Etc. | |
| | | City | State FL |

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: *Atallah* REGISTERED AGENT MUST SIGN Date: _____

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: *Atallah* **Atallah Jadallah**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **SEP 28 1998** *9-14-98*
Daytime Phone #

CR2500 (1/98)