PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR 2000 UBR

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 OCT 17 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000068014**

1. Corporation Name

SUPER CHOICE FOOD STORE, INC.

Principal Place of Business	Mailing Address
2503 TAMPA STREET TAMPA FL 33602	2503 TAMPA STREET TAMPA FL 33602

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: 08/01/1999

5. FEI Number: 59-3589650 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CHONG, IL YONG	2503 TAMPA STREET	TAMPA FL 33602
S	CHONG, YONG JU	2503 TAMPA ST.	TAMPA FL 33602.
			200002457382--2 -11/08/00--01062-020 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

CHONG, IL YONG
2503 TAMPA STREET
TAMPA FL 33602

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

CR2E040 (8/00)

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: SIGNATURE REQUIRED Date: 10/13/00.

REGISTERED AGENT MUST SIGN

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 REQUIRED IL Y. CHONG PD. 10/13/00 813-229-0184

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

to whom it may concern;

our record shows that we send out.

$ 150,00 on Feb. 18, check # 2036

Draw form Huntington Bank.

I checked Bank this morning and find out it never got cleared it. I don't know what happened. I'm sending you a copy of my check stub to show that it did. Send out on Feb. 18, and along with $ 150,00 CHECK # 2244.

Please reinstated my corporation.

thank you very much.

IL Y. CHONG.

10/13/00.