

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

1002

**APPLICATION FOR REINSTATEMENT**



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

FILED

00 NOV 20 PM 3: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S32277**

1. Corporation Name  
**JOE MARKET, INC.**

Principal Place of Business Mailing Address  
6420 SW 62 AVE. 6420 SW 62 AVE.  
SO. MIAMI FL 33143 SO. MIAMI FL 33143



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 <b>02/15/1991</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-3053627</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	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	4 City / State / Zip
PST	JADALLAH, SALMAN	6420 SW 62 AVE.	S MIAMI FL

400003496734-5  
-12/12/00--01036--003  
\*\*\*150.00 \*\*\*150.00

*YSP*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FEUER, JEFFREY M. 20466 S DIXIE HWY. MIAMI FL 33143		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <b>FL</b>

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 \_\_\_\_\_  
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** SALMAN JADALLAH 11-14-00 (305) 665-1646  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/00)

**Joe Market, Inc.**  
**6420 S.W. 62 Avenue**  
**Miami, Florida 33143**

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532277

Florida Department of State  
Division of Corporations  
Annual Report / Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

Re: Reinstatement Document # S32277

Dear Sir:

Enclosed is my application for reinstatement and my check in the amount of \$150.00. I never received an annual report for year 2000. Please waive any penalty.

Thank you for your consideration.

Very truly yours,

Salman Jadallah, President

