


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 352606 1. Entity Name GEORGE'S MARKET, INC.		
Principal Place of Business 4611 HAINES ROAD SAINT PETERSBURG, FL 33714		Mailing Address 4611 HAINES ROAD SAINT PETERSBURG, FL 33714
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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
MEVOLI, N. LAWRENCE JR 4611 HAINES ROAD ST. PETERSBURG, FL 33714		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$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 SC <input type="checkbox"/> Delete NAME MEVOLI, N. LAWRENCE JR STREET ADDRESS 4611 HAINES RD N CITY-ST-ZIP SAINT PETERSBURG, FL 33714	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE PC <input type="checkbox"/> Delete NAME MEVOLI, N. LAWRENCE JR STREET ADDRESS 4611 HAINES ROAD CITY-ST-ZIP SAINT PETERSBURG, FL 33714	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE T <input type="checkbox"/> Delete NAME MEVOLI, N. LAWRENCE STREET ADDRESS 4611 HAINES RD N CITY-ST-ZIP ST PETERSBURG, FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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: <i>N. Lawrence Mevoli Jr.</i>		Date: <i>4/9/08</i> Daytime Phone #: <i>727-525-4600</i>

FILED

08 APR 10 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten Signature]



REINSTATEMENT 07-08
04092008 REIN-PCR2E098 (1/07)

4. FEI Number **59-1283402** Applied For Not Applicable

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

WOP

100122910001
04/10/08--01029--008 **300.00