

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 APR 23 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 631633

1. Corporation Name

STOP-N-SAV, INC.

2. Principal Office Address

1905 N. GOLFVIEW DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

1905 N. GOLFVIEW DRIVE

Suite, Apt. #, etc.

City & State

PLANT CITY, FL

Zip

33566

Country

USA

City & State

PLANT CITY, FL

Zip

33566

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/79

5. FEI Number

59-1934222

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KAREN A. ROBINSON

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

1905 N. GOLFVIEW DRIVE

Suite, Apt. #, Etc.

City

PLANT CITY

State

FL

Zip Code

33566

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent*Karen A. Robinson*

Date 04/06/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	JIMMIE DAN ROBINSON	1905 N. GOLFVIEW DRIVE	PLANT CITY, FL 33566
S/D	KAREN A. ROBINSON	1905 N. GOLFVIEW DRIVE	PLANT CITY, FL 33566

REINSTATEMENT

82-01

mw

10. 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:

Jimmie Dan Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/01

Date

813-754-2361

Daytime Phone #

CLYDE B. SMITH III, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

1605 South Collins Street

Post Office Box 2186

Plant City, Florida 33564-2186

(813) 752-0041 Fax (813) 757-0564

April 6, 2001

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

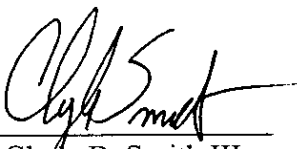
Dear Sir or Madam:

Please find enclosed a Corporation Reinstatement application for Stop-N-Sav, Inc. and a check for \$2,712.00 for reinstatement fees to an active status.

Your anticipated cooperation in this matter is greatly appreciated. If I can be of any further assistance, please contact me at (813) 752-0041.

Very truly yours,

CLYDE B. SMITH III, P.A.

By: 
Clyde B. Smith III

Enclosures 