APPLICATION FOR REINSTATEMENT

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

97 OCT 29 PM 1:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 676658 (8)

Corporation Name
FOOD MASTER SUPERMARKET, INC.

Principal Place of Business	Mailing Address
4275 West Flagler St. Miami, Fl. 33134	4275 West Flagler St. Miami, Florida 33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97A00
DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable	4. Date Incorporated or Qualified To Do Business in Florida
same as above	same as above	07/18/1980
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number: 59-2017762 (Applied For / Not Applicable)
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee
Zip / County	Zip / Country	

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
DIR Pres	TRUJILLO, Raul	12280 SW 45 Street	Miami, Florida 33175
VP/TR	TRUJILLO, Carlos Raul	12811 NW 6 Lane	Miami, Florida 33182
S	MARQUEZ, Jose M.	782 NW LeJeune Rd. #548	Miami, Florida 33126
			800002334368--5
			-10/30/97--01108--001
			****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
JOSE M. MARQUEZ 782 NW LeJeune Road Suite 548 Miami, Florida 33126	Name: Jose M. Marquez Street Address (P.O. Box Number is Not Acceptable): 780 NW LeJeune Road Suite, Apt. #, Etc.: Suite 548 City: Miami State / Zip Code: FL 33126

10. Having accepted the appointment as registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent ✓ Jose M. Marquez Date 10/24/97
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I hereby 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., and that all fees owed by the corporation have been paid. 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: ✓ Raul Trujillo, President 10/24/97 (305) 447-1160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #