

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 JAN 12 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H96325

1. Corporation Name

S.O.S. GROCER, INC.

Principal Place of Business

1952 NE 49 ST
POMPANO BEACH FL 33064
US

Mailing Address

PO BOX 51487
LIGHTHOUSE PT FL 33074
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/27/1986

5. FEI Number

59-2636576

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	SALEEM, GHANCHI	1952 NE 49TH ST.	POMPANO BCH. FL
VP	GHANCHI, ASLAM	5205 NE 20TH TERR	POMPANO BCH FL 33064

3000003142929--4
-02/22/00--01053--006
****300.00 ****300.00

8. Name and Address of Current Registered Agent

GHANCHI, SALEEM
1952 NE 49 ST
POMPANO BCH, FL
POMPANO BEACH FL 33064

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

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

REGISTERED AGENT MUST SIGN

Date 12/16/99

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/10/00

Daytime Phone #

CR2E040 (8/99)

(2)

DEC 16th 99.

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS.

P.O. BOX 6327.

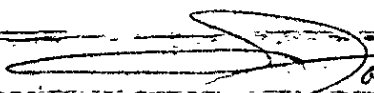
TALLAHASSEE. FLORIDA 32314.

Dear Sir.

Please find enclose the Reinstatement form for S.O.S. Grocer INC. However I had already mailed my renewal on time in April 99, please see copy of my check both front and back.

I therefore ask to waive the late charges, since I had already mailed my check on time and it was cashed by you.

Sincerely yours.


(Aslam Attanelli)

Encl. - AS above