APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 18 PM 3: 46
21

DOCUMENT # **J25482**

1. Corporation Name

K.P. SUPER MARKET, INC.

Principal Place of Business	Mailing Address
1225 WEST BROWARD BOULEVARD FORT LAUDERDALE FL 33312	1225 WEST BROWARD BOULEVARD FORT LAUDERDALE FL 33312

8000002742238---7
01/14/99 --01100--001
****750.00 ****750.00
07/24/1986

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number **59-2707845** — Applied For / Not Applicable
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status
Zip — Country	Zip — Country	

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
PD	SARIEV, TAHIR A. SR.	1225 W BROWARD BOULEVARD	FT LAUDERDALE FL
STD	ZUHRA, OZEN T	1225 W BROWARD BOULEVARD	FT LAUDERDALE FL
VD	SARIEV, FATIMA T	1225 W BROWARD BOULEVARD	FT LAUDERDALE FL
	REINSTATEMENT 1998		

8. Name and Address of Current Registered Agent

SARIEV, TAHIR A. SR.
1225 WEST BROWARD BOULEVARD
FORT LAUDERDALE FL

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 _____ Date _____
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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 _____ ZUHRA T. OZEN — 12-11-98 — (954) 463-5001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (9/98)

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