

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUL 30 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J 71043

1. Corporation Name

GROCERY MATRIX Corporation

2. Principal Office Address

1357 Collins Ave

3. Mailing Office Address

Suite, Apt. #, etc.

→ SAME

Suite, Apt. #, etc.

Apt. A-4

City & State

Miami Beach FL

City & State

Zip

33139

Country

USA

Zip

Country

REINSTATEMENT

90-01

4. Date Incorporated or Qualified
To Do Business in Florida

5/5/87

5. FEI Number

592811819

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

LARRY SIMMS

400004526494-8

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

1357 Collins Ave.

-08/09/01--01019--015

***2231.25 ***2231.25

Suite, Apt. #, Etc.

A-4

City

Miami Beach

State

FL

Zip Code

33139

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

Larry S.
REGISTERED AGENT MUST SIGN

Date

7/27/01

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

V.P. LARRY SIMMS 1357 Collins Ave A4 Miami Beach, FL 33139

Pres. GARETH LEUSCHNER 425 NE 63rd St Miami FL 33138

1/LS

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:

Larry S. LARRY SIMMS
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/27/01

Daytime Phone #

305-531-8300