

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV -3 AM 9:32

DOCUMENT # K97390

1. Corporation Name

DEAL GROCERY CORP.

REINSTATEMENT 1997

Principal Place of Business

946 NW 7 AVENUE
MIAMI FL 33136

Mailing Address

946 NW 7 AVENUE
MIAMI FL 33136



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

06/12/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0127966

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
1	JOSEPH A. LOPEZ	946 NW 7 AVE	MIAMI FL 33136
P-D	MARIA LOPEZ	946 NW 7 AVE	MIAMI FL 33136
			100002339261--5 -11/05/97-01069-017 ****200.00 ****200.00
			100002339261--5 -11/05/97-01069-018 ****300.00 ****300.00
			100002339261--5 -11/05/97-01069-019 ****250.00 ****250.00

8. Name and Address of Current Registered Agent

LOPEZ, REYNALDO
946 N.W. 7TH AVENUE
MIAMI FL 33136

9. Name and Address of New Registered Agent

Name

MARIA LOPEZ

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

946 NW 7 AVE

Suite, Apt. #, Etc.

MIAMI FL 33136

City

State

FL

Zip Code

33136

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

Maria Lopez

REGISTERED AGENT MUST SIGN

Date 10-27-97

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 AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maria Lopez

Date

Daytime Phone #

10-27-97 305)324-4050

CR2ED40 (8/97)