

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 28 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000004386 2002 and 2003

1. Corporation Name

C-STORE MANGMENT, LLC

2. Principal Office Address

5105 North Dixie Hwy

Suite, Apt. #, etc.

5105

City & State

Deerfield Beach, Florida

Zip

33064

Country

Broward

3. Mailing Office Address

5105 North Dixie Hwy

Suite, Apt. #, etc.

5105

City & State

Deerfield Beach, Florida

Zip

33064

Country

Broward

500020044845

05/28/03--01066--002 **200.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/14/2000

5. FEI Number

65-1094642

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

Abdulghafer, Mudhar

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

9785-A Boca Gardens Parkway

Suite, Apt. #, Etc.

9785-A

City

Boca Raton

State

FL

Zip Code

33496

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

X mdk Abdulghafer

Date 05/02/03

REGISTERED AGENT MUST SIGN

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
MGRM	Abdulghafer, Mudhar	9785-A Boca Gardens Pkwy	Boca Raton, FL 33496

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:

X mdk Abdulghafer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/02/03

Date

954-224-2198

Daytime Phone #

CR2E081 (10/02)