

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

FILED


05 FEB -1 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten mark

REINSTATEMENT 04-05

CORPORATION REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L 77855**

1. Corporation Name
M. + K Food Mart

1776 old Bainbridge Rd

2. Principal Office Address 3. Mailing Office Address

P.O. Box 6068

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee

City & State

FL

Zip

32303

Country

Leorn

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-3018537

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

Monessa Nabulsi

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

1776 old Bainbridge

Suite, Apt. #, Etc.

City

Tallah

State

FL

Zip Code

32303

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

Handwritten signature

Date

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
Pres	Monessa Nabulsi	1776 old Bainbridge	Tallah FL 32303
V.P.	Khalide Nabulsi	2009 Indian Spring	Tallah FL 32303

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02/01/05--01027--009 **300.00

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:

Handwritten signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-1-05

Daytime Phone #

CR2E081 (01/05)

.....
To whom It may concern
I am sorry that I didn't file
on time the reason I didn't
receive this form on time.
please waive the fees for 2004

Moussa Nebati

M&K Food Mart

1776 old Bainbridge Rd

2-1-05

Tall, FL 32303

Document # 177 885