

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.
FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

01 SEP 19 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

WHITE CITY FOOD MART, LLC
[L 9900000359]

2. Principal Office Address

Suite, Apt. #, etc.

5300 OLEANDER AVE.

City & State

FT. PIERCE FL

Zip

34982

Country

ST. LUCIE

3. Mailing Office Address

Suite, Apt. #, etc.

4326 GATOR TRACE CIR

City & State

FT. PIERCE, FL

Zip

34982

Country

ST. LUCIE

4. State/Country of Formation

FL / ST. LUCIE

5. Date Organized or Qualified
To Do Business in Florida

JUNE 1999

6. FEI Number

05-0931940

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

PRADIP K. SHAH

900004603709-0

09/21/01-01015-006

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

4326 GATOR TRACE CIRCLE

****205.00 ****205.00

Suite, Apt. #, Etc.

FT. PIERCE

City

State

FL

Zip Code

34982

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Pradip K. Shah

Date 9-10-01

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
OWNER/ PRESIDENT	PRADIP K. SHAH	4326 GATOR TRACE CIR	FT. PIERCE, FL 34982
OWNER/ VICE PRESIDENT	REKHA P. SHAH	"	"

REINSTATEMENT

00-01-005
dec

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Pradip K. Shah

Date 9-10-01

Daytime Phone # 561-464-5374

Typed or printed name of signing Managing Member/Manager

PRADIP K. SHAH