

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**

97 DEC -2 AM 10:51

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # M 19087

1. Corporation Name

FOOD LAND SUPERMARKET # 4, INC.  
 782 NW LeJeune Road - Suite 548  
 Miami, Florida 33126

Principal Place of Business

Mailing Address

Same as above



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT 92-97**

Entity Incorporated or Obtained To Do Business in Florida

August 8, 1985

5. FEI Number

59-2562994

Applied For

Not Applicable

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
D/ PST	MARCELO, Ortelio	782 NW LeJeune Rd. # 548	Miami, Florida 33126

200002962892--6  
 -12/04/97--01067--001  
 \*\*\*1418.75 \*\*\*1418.75

8. Name and Address of Current Registered Agent

JOSE M. MARQUEZ  
 782 NW LeJeune Road  
 Suite 548  
 Miami, Florida 33126

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*Jose Marquez*

REGISTERED AGENT MUST SIGN

Date December 1, 1997

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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ortelio Marcelo*

Ortelio Marcelo  
 President

12/01/97

(Date)

(305) 447-1160

(Corporate Phone No.)