

Pg 10.52

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 20 PM 3:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M49922

1. Corporation Name

ST JACQUES MARKET INC.
125 NW 62 ST
MIAMI, FL 33150

W06 - 9845

2. Principal Office Address

125 NW 62 ST

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33150

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/8/87

5. FEI Number

592802277

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

Jeffrey Evariste

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

19900 NW 3 PL

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33169

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

Jeffrey Evariste

REGISTERED AGENT MUST SIGN

Date

3/8/06

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
P	Jacques Evariste	19900 NW 3 PL	Miami FL 33169
VP	Rosy Evariste	19900 NW 3 PL	Miami FL 33169

800063537418
04/05/06--01034--012 **750.00

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 contained in Chapter 119, 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

Date

3/8/06

Daytime Phone #

305-610-3578

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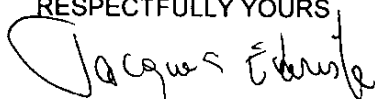
02/22/2006

RE: M49922
EIN 59-2802277

TO WHOM IT MAY CONCERN,

I AM WRITING THIS LETTER BECAUSE I JUST REALIZED THAT MY CORPORATION HAS BEEN DISOLVED FOR ANNUAL REPORT NONPAYMENT. I WANT TO INFORM YOU THAT I DID NOT RECEIVE THE MAIL INFORMING ME THAT MY ANNUAL REPORT WAS DUE FOR PAYMENT. PLEASE RECONSIDER MY CASE BY ALLOWING ME TO PAY THE \$ 150.00 ANNUAL FEE.

RESPECTFULLY YOURS

A handwritten signature in cursive script that reads "Jacques Evariste". The signature is written in dark ink and is positioned above the printed name.

JACQUES EVARISTE