2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000000758

7582 WEST SAND LAKE ROAD

ORLANDO, FL 32836

Address:

City-St-Zip:

FILED Jul 15, 2008 Secretary of State

Entity Na	me: SHOPRI	TE SUPERMARKET, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
8550 INTERNATIONAL DR ORLANDO, FL 32819			8550 INTERNATION ORLANDO, FL 3281		
Current M	lailing Addres	ss:	New Mailing Addre	New Mailing Address:	
8550 INTERNATIONAL DR ORLANDO, FL 32819			8550 INTERNATION ORLANDO, FL 3281		
FEI Number	: 59-3617173	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
MAALI, AMJAD 7582 W SANDLAKE ROAD ORLANDO, FL 32819 US			MAALI, AMJAD 9131 SOUTHERN BI ORLANDO, FL 3283		
	e named entity e of Florida.	submits this statement for the	purpose of changing its register	ed office or registered agent, or both,	
SIGNATUI	RE: AMJAD N	MAALI		07/15/2008	
	Electro	nic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MAALI, SAAD) Delete ANDLAKE ROAD E, FL 34786	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MAALI, AMJAD	AND LAKE ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MAALI, AMJAD	RN BREEZE DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	PD (AHMAD, GARIE) Delete	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: AMJAD MAALI Ρ 07/15/2008