

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

02 APR -9 PM 6:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000038512

1. Corporation Name

CONTINENTAL FOOD STORE INC  
8320 West Oakland Park Blvd  
Oakland Village Square  
SUNRISE, FL - 33351

600005492376--2

-05/08/02--01059--024

\*\*\*\*300.00 \*\*\*\*300.00

2. Principal Office Address

8320 W. OAKLAND PARK  
BLVD

3. Mailing Office Address

8320 W. Oakland Pk Blvd.

Suite, Apt. #, etc.

Oakland Village Square.

Suite, Apt. #, etc.

Oakland Village Square.

City & State

SUNRISE, FLORIDA

City & State

SUNRISE, FLORIDA

Zip

33351

Country

BROWARD

Zip

33351

Country

BROWARD

**REINSTATEMENT 01-02**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-1024513

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

KHAN, TARIQ M.

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

8320 WEST OAKLAND PARK BLVD

Suite, Apt. #, Etc.

OAKLAND VILLAGE SQUARE

City

SUNRISE

State

FL

Zip Code

33351

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

TARIQ M. KHAN.

Date

4/1/02

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
P	KHAN, TARIQ M.	7023 W. Sunrise Blvd	Plantation, FL - 33313

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:

TARIQ M. KHAN.

Date

4/1/02

Daytime Phone #