

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

01 NOV -9 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000067155

1. Corporation Name

EL EXITO SUPERMARKET, INC.

REINSTATEMENT 2001

2. Principal Office Address

3435 TYRINGHAM DR.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33406

Country

U.S.A

3. Mailing Office Address

3435 TYRINGHAM DR.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33406

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

07/10/00

5. FEI Number

65-1025770

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

Luz A. Aricedo

600004679156-6

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

3435 TYRINGHAM DR.

11/14/01 01066 075

****783.50 ****783.50

Suite, Apt. #, Etc.

City

WEST PALM BEACH,

State

FL

Zip Code

33406

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

Luz A. Aricedo

REGISTERED AGENT MUST SIGN

Date

11/8/01

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	FERNANDO CORTES	3435 TYRINGHAM DR.	W.P.B., FL 33406
V	ORLANDO RODRIGUEZ	1035 CAMEO CIRCLE	W.P.B., FL 33417
T	CARLOS VANEGAS	1035 CAMEO CIRCLE	W.P.B., FL 33417

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:

Carlos Vanegas
Treas.

11/08/01 (561) 312-9846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)

Charter Number Only

VALIDATION ONLY

Evelyn 11/08/01

Requestor's Name
Address
ATLANTIC
City State ZIP Phone
1592B

CORPORATION(S) NAME

El Exito Supermarket, Inc.

- | | | |
|---|--|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input checked="" type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input checked="" type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> After 4:30 |
| | | <input type="checkbox"/> Mail Out |

RECEIVED
NOV 19 9 49 AM
DIVISION OF CORPORATIONS

Empire Toll Free: 1-800-432-3028

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CUS

requested