

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 FEB 18 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 900000082573

1. Corporation Name

Trevino Grocery & Meat Market Inc.

600005022296-1
-02/26/02--01088--016
***308.75 ***308.75

2. Principal Office Address

606 S. Dillard St.
Suite, Apt. #, etc.

3. Mailing Office Address

606 S. Dillard St.
Suite, Apt. #, etc.

City & State

Winter Garden, FL

Zip Country
34787 USA

City & State

Winter Garden FL

Zip Country
FL 34787 USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/00

5. FEI Number

59-3646638

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

Joel Trevino

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

10632 2nd Ave

Suite, Apt. #, Etc.

City

Ocoee

REINSTATEMENT 01-02

State Zip Code

FL 34787

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

Joel Trevino
REGISTERED AGENT MUST SIGN

Date Feb. 14, 2002

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	Joel Trevino	10632 2nd Ave	Ocoee, FL 34761
M	Maria Barragan	339 Windford Ct. Winter Garden	Winter Garden, FL 34787
S	Candida Farias	1353 W. Point Villas Blvd. #103	Winter Garden, FL 34787

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:

Joel Trevino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 14, 2002 407-905-0404
Date Daytime Phone #

CR2ED81 (9/01)