## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS N3 OCT 16 AM 10: 17

SECRETARY OF STATE FALLAHASSEE, FLORIDA

## P00000082573 DOCUMENT #

1. Corporation Name

## TREVINO GROCERY & MEAT MARKET INC.

Principal Place of Business Mailing Address 606 S. DILLARD ST. 606 S. DILLARD ST. WINTER GARDEN FL 34787 WINTER GARDEN FL 34787 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 2. New Principal Office Address, If Applicable 08/28/2000 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 59-3646638 City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director P TREVINO, JOEL 10632 2ND AVE. OCOEE FL 34761 М 339 WINDFORD CT. WINTER GARDEN FL 34787 Barragan, Maria <del>Farias</del>, candida 1953 W. POINT VILLAS BLVD. #103 S WINTER GARDEN FL 34787 1341 W. Point Villas Blud. #201 400023855874 10/16/03--01052 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name TREVINO, JOEL Street Address (P.O. Box Number is Not Acceptable) 10632 2ND AVE. Suite, Apt. #, Etc. OCOEE FL 34761 City State Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

10-13-03

11. 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: