


~~APPLICATION~~
~~FOR~~
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
200 *W*
Batterman
Secretary of State
DIVISION OF CORPORATIONS

01 OCT 22 PM 2:17

1. Corporation Name

Principal Place of Business

Mailing Address

3090 CONGRESS PARK DRIVE. APT. 928
LAKE WORTH FL 33461

3090 CONGRESS PARK DRIVE. APT. 928
LAKE WORTH FL 33461



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/29/2000

5. FEI Number

$$-65 = -1044 - 3.69$$

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|--|
| D | YASMIN, NILUFAR | 3090 CONGRESS PARK DRIVE, APT. 9 | LAKE WORTH FL 33461 |
| | | | |
| | | | 100004670671.--8 -11/07/01--01040--002 ****150.00 ****150.00 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

YASMIN, NILUFAR
3090 CONGRESS PARK DRIVE, APT. 928
LAKE WORTH FL 33461

Name _____

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

Suite, Apt. #, Etc.

City

State
FL

| | |
|----------|--|
| 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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date _____

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 119.073(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

KATTOURA & ASSOCIATES, INC.

ACCOUNTING, BOOKKEEPING & TAX SERVICES

One S. Ocean Blvd. #315
Boca Raton, Fl. 33432
TEL: (561) 362-0491



P.O. Box 728
Boca Raton, Fl. 33429
FAX: (561) 394-5134

National Society of Tax Professional

October 17, 2001

Division Of Corporation
P.O. Box 6327
Tallahassee, Fl 32314

Ref:Colonial Super Market / Rose Corporation of Lake Worth
Document # P00000092331

Dear sirs,

The Above referenced corporation has never received any notices before at all. We are enclosing a report and check in the amount of \$150,00 for 2000 and 2001. Please accept this annual report as reinstatement.

Thank you for your cooperation in this matter.

If you have any further questions, please do not hesitate to contact us.

--Sincerely Yours,--

ANDRE K KATOURA