

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000095925 1. Entity Name AGABE SUPERMARKET CORP.						FILED 07 NOV 28 AM 10:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA																									
Principal Place of Business 19770 SW 177TH AVENUE MIAMI, FL 33187				Mailing Address 19770 SW 177TH AVENUE MIAMI, FL 33187																											
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State				3. Mailing Address Suite, Apt. #, etc. City & State																											
Zip		Country		Zip		Country																									
6. Name and Address of Current Registered Agent MONES, JOSE 9202 SW 167TH COURT MIAMI, FL 33196				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																											
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																															
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																											
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																											
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																															
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																															
						<small>Date</small>																									
						<small>Daytime Phone #</small>																									