

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -11 PM 4:00

DOCUMENT #

PO0000096337

1. Corporation Name

Chicago Grocery Store, Inc

5/11/01 90469 005150.00

500005326615--6
-04/23/02--01061--008
*****150.00 *****150.00

2. Principal Office Address

516 S. Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Office Address

1206 South Dixie Hwy
Suite, Apt. #, etc.

City, State

Lantana, FL

City & State

Lake Worth, FL

Zip

33462

Country

US

Zip

33460

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

10/12/2000

5. FEI Number

65-1046380

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

Fenol Dorvilus

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

520 North "B" Street

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33460

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

Fenol Dorvilus

REGISTERED AGENT MUST SIGN

Date 03/27/02

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
Owner	Fenol Dorvilus	520 North "B" Street	Lake Worth, FL 33460
			500005326615--6 -04/23/02--01061--007 *****10.00 *****10.00

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:

Fenol Dorvilus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/27/02 (561) 721-1996

Date

Daytime Phone #

CR2E081 (9/01)