

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 AUG -8 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000023780**

1. Corporation Name

GORDON FOOD MARKET Corporation

2. Principal Office Address

1398 N.W 54th St

Suite, Apt. #, etc.

City & State

MIAMI - FLA

Zip

33142

Country

U.S.A

3. Mailing Office Address

1398 N.W 54th St

Suite, Apt. #, etc.

City & State

MIAMI - FLA

Zip

33142

Country

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

5. FEI Number

65-1120144

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

EYAD MASHNI

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

1398 N.W 54th St

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33142

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

X Eyad Mashni

REGISTERED AGENT MUST SIGN

Eyad Mashni / President

Date

07/18/03

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/D	EYAD MASHNI	1398 N.W 54 th St	MIAMI - FLA 33142

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:

X Eyad Mashni

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/18/03

Date

305-218-2663

Daytime Phone #

CR2E081 (10/02)

7/8/8

06/10/2003

TO: DIVISION OF CORPORATIONS

SUBJECT: GORDON FOOD MARKET CORPORATION
RE INSTATEMENTS FORM 2002/2003

ENCLOSED PLEASE FIND MY CORPORATION REINSTATEMENT WITH MY FEE OF \$300.00 FOR THE YEARS 2002 & 2003 AS DISCUSSED WITH YOUR DEPARTMENT, DUE I NEVER RECEIVED THE ORIGINAL REPORT OF 2002 OR 2003 AND YOU DISSOLVE THE CORPORATION AND I HAD TO DOWNLOAD FROM THE INTERNET PER YOUR INSTRUCTIONS.

SORRY FOR ANY INCONVENIENCE THIS MAY HAVE CAUSED.

SINCERELY YOURS



MASHNI EYAD