2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED DOCUMENT # P01000004957 ROYAL MINI MART INC. 07 OCT 18 AH 10: 36 Judali far f GF STATE Principal Place of Business Mailing Address TALLAMASSEE, FLORIDA 7570 STARKEY RD. 7570 STARKEY RD. SEMINOLE, FL 33777 SEMINOLE, FL 33777 2. Principal Place of Business No P O Box # 3. Mailing Address 100 REINSTATEMENT98 (1/07) Suite Ant # etc Suite Ant # etc. City & State City & State 59-3691543 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TON, VINH Street Address (P.O. Box Number is Not Acceptable) 7570 STARKEY RD. SEMINOLE, FL 33777 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2008, Fee will be \$300.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PΜ TITLE Change Addition TITLE ☐ Delete TON, VINH NAME NAME 000111014330 719707--01053--015 **15 13580 TRADITION DR. STREET ADDRESS STREET ADDRESS. CHTY-ST-ZIP SEMINOLE, FL 33776 CITY-ST-ZIP TS ☐ Defete TITLE Change Addition TITLE TRAN HANH MAIME MAME STREET ADDRESS 13580 TRADITION DR. STREET ADDRESS SEMINOLE, FL 33776 CITY-ST-ZIP CITY - S1 - ZIP 11115 Delete TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY+\$1-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Acctation THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition 1614 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE 111(1 NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7iP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR